

06/16/2008 15:50

850-245-6897

FL DEPT OF STATE

PAGE 03/22

06/16/2008 16:42 702221943  
Division of Corporations

TRIAD

PAGE 01  
Page 1 of 1

**A01000001452**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000151617 3)))



H080001516173ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUN 16 AM 8:47

RECEIVED

2008 JUN 16 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SC-ABACOA PLAZA ASSOCIATES, LLLP

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

J. BRYAN

JUN 17 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

**1. SC-Abacoa Plaza Associates, LLLP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 10/25/2001**

Date of filing/registration in Florida

**3. A01000001452**

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**KOSOY, BRIAN D**

Name

**ONE NORTH CLEMATIS ST., STE. 305**

Address

**WEST PALM BEACH FL 33401 US**

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

**NRAI Services, Inc.**

Name

**2731 Executive Park Drive, Suite 4**

Florida street address (P.O. Box not acceptable)

**Weston**

**FL 33331**

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.  
By its General Partner, SC Abacoa, L.P. INC

**/s/Robert S. Green**

Signature of General Partner **Robert S. Green, VP**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
**NRAI Services, Inc.**

by:

Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUN 16 AM 8:47