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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jbadlen@triadpros.com

REGISTERED AGENT CHANGE

WATER BAGELS UNIVERSITY PLAZA LLLP

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

REC-20

14 NOV 12 AM 10:00

FLORIDA DEPARTMENT OF
BUREAU OF COMMERCIAL
INFORMATION SERVICES

14 NOV 12 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 13 2014

T. HAMPTON

**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. WATER BAGELS UNIVERSITY PLAZA LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/06/2013 3. A13000000118
Date of filing/registration in Florida 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:

D'Angelo, Michael
Name
201 North U.S. Highway 1, Suite C-5
Address
Jupiter, FL 33477
City, State and Zip

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

NRAI Services, Inc.
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Robert S. Green, Manager of the GP
Signature of General Partner

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.

K Rahm
Signature of Registered Agent K Rahm, Asst Secretary to NRAI

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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