Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : I20080000085

Fax Number

Phone : (770)777-2091 : (770)220-1943

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REGISTERED AGENT CHANGE WATER BAGELS 247 LLLP

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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 247	LLLP	
Na	me of Limited Partnership			mership
23	3/06/2013	3.	3. A13000000119	
Date of filing/registration in Florida			Florida document number	
4. The name of the rep Department of State:	gistered agent and the reg	istered office addre	ss as shown on	the records of the Florida
	D'Ar	ngelo, Michael		
•		Name		·
	201 North U.S	S. Highway 1, S	Suite C-5	
•		Address		TS T
	Jupi	ter, FL 33477		ES 3
	Cit	y, State and Zip		
5. The name and Flori	da street address of the n	ew registered agent	and/or office:	14 NOV 12 AM SECRETARY OF TALLENIASSEE.
_	NRAI	Services, inc.		
		Name		क्रिच्च य
_	1200 Sout	h Pine Island F	load	_ gm
	Florida street add	ress (P.O. Box not a	cceptable)	
	Plantati	on	FL 3332	4
•	City	, State and Zip		 -
6. Such change(s) is/af	e effective when filed by	the Florida Departs	ment of State.	
Signature of General Re	Robert S. Gre	en, Manager of t	he GP	
comply with the provision and I am familiar with a	ointment as registered at ons of all statutes relative an accept the obligations	e to the proper and of my position as r	complete perfe egistered agen	ormance of my duties,
Signature of Registeres	Agent KRahm, Asst	•		1824 3)))
Filing Fee:	\$35.00	(((1-4)-1-1	-000 66	1024 3)))