

**A13000000123**

**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 COA  
Account Number : I20080000085  
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:

jbaden@triadpros.com

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**REGISTERED AGENT CHANGE  
D & S WATER BAGELS, LLLP**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOV 12 2014

T. HAMPTON

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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. D & S WATER BAGELS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/07/2013 3. A13000000123  
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

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

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

*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.*

Signature of Registered Agent KRahm, Asst Secretary to NRAI

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

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