

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Cor	rporations	····· ~ 2
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	Account Name	: TRIAD PROFESSIONAL SERVICES,	LLC
	Account Number		
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REGISTERED AGENT CHANGE CORDATUS, LLLP

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Corporate Filing Menu

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				C	OVER LE	TTER		
		TO:	Registration S Division of Co					
		SUB	ЛЕСТ:	me of Limited Pa	CORD	ATUS,	LLLP	
			Ne	me of Limited Pa	rtnership or L	imited Liab	oility Limi	ted Partnership
		DOC	UMENT NUM	BER:		A1300	00003	02
			nclosed Stateme are submitted for		of Registere	d Office a	and/or Re	egistered Agent and
		Pleas	e return all corre	spondence cor	cerning thi	s matter to	o:	
				Sharon K. Gr				
				Contact Person		_		
			Triad Pro	ofessional Se	rvices, LL(<u> </u>		
				Firm/Company	- · · ·			
		·	1720 Wind	ward Concou Address	irse, Ste. 3	390		
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			Alpharetta, GA 30005					
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		For f	For further information concerning this matter, please call:					
				K. Gray	at		_)	777-2091
			Name of Contac	t Person		Area Cod	e and Day	time Telephone Number
		Encle	osed is a \$35.00	check made pe	yable to the	e Florida I	Departm	ent of State.
			EET ADDRES	3:				ADDRESS:
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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.	CORDA	TUS, LLL	Ρ					
	Name of Limited Partnership or L	Limited Liabilit	y Lim	ited Partnersh	ip			
2.	06/11/2013	3.		A130000	00302_			
	Date of filing/registration in Florida		F	orida docume	ent number			
	name of the registered agent and the register nent of State:	ed office addre:	is as si	hown on the r	ecords of the H	lorida		
	loppol <u>o</u> Lav	v Group, PL	LC					
	N	Name						
	250 Internationa	l Parkway, S	Ste. 2	250				
	A	ddress						
	Lake Mar	y, FL_3274	6	_				
	City, Si	tate and Zip						
5. The	name and Florida street address of the new r	egistered agent	and/o	r office:			201	
	NRAI Se			\Box_{ij}	Cn D			
	1	Name					2015 AUG	-11
1200 South Pine Island Road Florida street address (P.O. Box not acceptable)						52	19	5
						n <u>c</u>		E
	Plantation		FL_	33324			AM	0
	City, S	tate and Zip				<u> </u>	ထု	

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

Sic of General Parth

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

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

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