Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number: 120080000085 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

REGISTERED AGENT CHANGE WATER BAGEL BOCA WEST, LLLP

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TALLAHASSEE FLORIDA

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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

CURDSe its resistere	o ottice of telipteted also	eur' of com' in me a	MARK OF PROFICE.	
1.	WATER BAG	EL BOCA WE	ST, LLLP	
Na	ume of Limited Partnership	or Limited Liability	Limited Partners	aip
2	11/12/2013	3	A13000	000694
Date of filing	z/registration in Florida		Florida docum	ent number
4. The name of the re Department of State:	gistered agent and the regi	stered office address	as shown on the	records of the Florida
	D'Ang	elo, Michael, I <u>II</u>		
		Name		
	201 North U.S	. Highway 1, Su	ite C-5	
		Address		ASE THE
	Jupit	ter, FL 33477		2 2
	City	, State and Zip		芸って
5. The name and Flor	ida street address of the ne	w registered agent ar	id/or office:	TALLAHASSFE, FLORI
	NRAI	Services, Inc.		707 -
		Name		RE 20
	1200 Souti	h Pine Island Ro	ad	0°C'
	Florida street addr	ess (P.O. Box not acc	eptable)	
	Plantation	on F	L 33324	
6. Such change(s) is/s	City cree effective which filed by	, State and Zip the Florida Departme	ent of State.	
Signature of General P	artner Robert S. Gree	n, Manager of the	GP .	
comply with the provisind I am familiar with	pointment as registered agricons of all statutes relative an accept the obligations d Agent KRahm, Asst	to the proper and co of my position as reg	omplete performa istered agent	
Filing Fee: Certified Copy (o)	\$35.00	(((H14	600 76 19	823 3)1)

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