

**A17688**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0380

## From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020030094  
Phone : (770)777-2091  
Fax Number : (770)220-1943

M. HODGES

**A17688****REGISTERED AGENT CHANGE****GULF SHORE ASSOCIATES, LIMITED PARTNERSHIP**

|                       |         |
|-----------------------|---------|
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# **LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GULF SHORE ASSOCIATES, LIMITED PARTNERSHIP

\_\_\_\_\_  
Name of the limited partnership

2. 08/21/1984

\_\_\_\_\_  
Date of filing/registration in Florida

3. A17688

\_\_\_\_\_  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Pequot Capital South, Inc.

\_\_\_\_\_  
Name

801 Laurel Oak Drive

\_\_\_\_\_  
Address

Naples, FL

\_\_\_\_\_  
City, State and Zip

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

NRAI Services, Inc.

\_\_\_\_\_  
Name

2731 Executive Park Drive, Suite 4

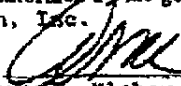
\_\_\_\_\_  
Florida street address (P.O. Box not acceptable)

Weston

FL 33331

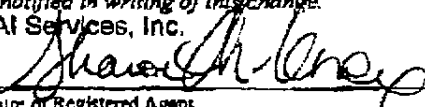
\_\_\_\_\_  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.  
Pequot Capital South, Inc.

By   
Signature of General Partner Albert J. Kleban, President

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

NRAI Services, Inc.

by: 

\_\_\_\_\_  
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

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