07/09/3007 12:17 Division of Corporation

PAGE 05/12 Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC Account Number : 120020000094

Phone : (770)777-2091

: (770)220-1943

Fax Number

REGISTERED AGENT CHANGE

AMERICANA PLAZA LIMITED PARTNERSHIP

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07/05/2007 12:17

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PAGE 06/12

(((H07000175814 3)))

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 pertnership 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.

Ettanibe te tablement			
_{1.} Americana	Plaza Limited Partr	iership	
N	ame of Limited Partnership or L	imited Liability Limited Parts	tership
_{2.} 7/27/1987		3 A24930	
		cument number	
4. The name of the r Department of State:	egistered agent and the registere	d office address as shown on	the records of the Florida
	OLIVER, BERT R	PA	
	N	arne	-
	2060 N.W. Boca R	laton Blvd., Ste 6	·
	Ad	dress	<u></u>
	Boca Raton, FL 33	3431	
	Ciry, Str	ite and Zip	
5. The name and Fig.	orida atreet address of the new re	gistered agent and/or office:	
	NRAI Services, Inc.	•	
	Ň	этте	——····································
	2731 Executive Park D	Prive, Suite 4	SI SI
	Florida street address (P.O. Box not acceptable)	JUL CRET
	Weston	FL 33331	
	City, Sta	ite and Zip	ASS ASS
6. Such change(s) is	are effective when filed by the l	Florida Department of State,	E G
/s/F. Davis	s Camalier		된 69
Signature of General	Partner	•	8: 28 STATE LORID
comply with the provent of I am familiar with NRAI Services, by: Signature of Register Mary Paris,	rd Agent Assistant Secretar	he proper and complete perfo ty position as registered agent -	ity. I further agree to rmance of my duties.
Filing Fee: Certified Copy (\$35.00 optional): \$52.50		

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