FL DEPT OF STATE

PAGE 07/15

07/09/2007 12: Division of C

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000175822 3)))



H070001758223ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: TRIAD PROFESSIONAL SERVICES.

Account Number : 120020000094

: (770)777-2091

Fax Number

: (770)220-1943

## REGISTERED AGENT CHANGE

## SUNSET CENTRES OUTPARCELS LIMITED PARTNERSHIP

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/9/2007

07/09/2007 12:17

7702201943

TRIAD

PAGE 10/12

## (((H07000175822 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 620.1315, Florida Statutes, the undersigned limited

r	ited liability limited partnershi ed office or registered agent, o	ip submits the following statemer or both, in the state of Florida.	tt in order to		
_ ,		CELS LIMITED PART	NERSHIP		
7	Inme of Limited Partnership or L	imited Liability Limited Parmership			
2.7/17/1998	3, A980000017		4		
Date of fill	ng/registration in Florida	Florida document number			
4. The name of the Department of State		d office address as shown on the rec	ords of the Florida		
	SAN FILIPPO, N.	PAUL			
	N	ame	•		
	1100 5T Have., Sc	outh, Ste 405			
	Ad	dress			
	Napies, FL 34102				
	City, Sta	ite and Zip			
5. The name and Fi	orlda street address of the new re	gistered agont and/or office;	5.0	. 0	
	NRAI Services, Inc.		ALC	JUL 7	
	N	ame	金		
	2731 Executive Park D	rive, Şuite 4	SSA SSA SSA SSA SSA SSA SSA SSA SSA SSA	<u>-</u> 9	
	Florida street address (	P.O. Box not acceptable)	E PLC	7	8
	Weston	FL 33331		8	
	City, Stz	ite and Zip	REAL REPORT	<del></del>	
6. Such change(s) i	s/are effective when filed by the I	Plorida Department of State.	≯'''	σ,	

Signature of General Parmer	· · · · · · · · · · · · · · · · · · ·

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. NRAI Services, Inc.

Signature of Registered Agent

Mary Paris, Assistant Secretary

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

(((H07000175822 3)))