## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Mebount Number : 120020000094 Tone : (770)777-2091

Of Mumber

: (770)220-1943

## REGISTERED AGENT CHANGE

OSPREY COVE HOBE SOUND LIMITED PARTNERSHIP

Certificate of Status	0
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Signature of Registered Agent

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TRIAD

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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. Osprey Co	ve Hobe Sound Limited	d Partnership		
N	ame of Limited Partnership or Limite	d Liability Limited Partnership		
2,12/30/1998	<b>.</b>	3, A98000002915		
Date of filin	g/registration in Florida	Florida document number		
4. The name of the r Department of State:	egistered agent and the registered off	ice address as shown on the records	of the Florida	
	KOSOY, BRIAN D			
	Name			
	ONE NORTH CLEMA	NTIS ST., STE. 305		
	Address	:		
	WEST PALM BEACH	I FL 33401 US		
	City, State an	d Zip		
5. The name and Flo	orida street address of the new registe	red agent and/or office:	J., 0	
•	NRAI Services, Inc.		08 SECI	
	Name		AHA AHA	-17
	2731 Executive Park Drive	e, Suite 4	SS #5 -	=
	Florida street address (P.O.	Box not acceptable)	mirk <b>o</b> mick — iii ►	ļul
	Weston	FL 33331	- 25 曇	D
	City, State at	d Zip	8: 3 TATE ORIDA	
6. Such change(s) is By its General	/are effective when filed by the Floris	da Department of State.	Σ <sup>π</sup> <u>ω</u>	
/a/Robert Signature of General		ı, vp		
comply with the prov	ppointment as registered agent and politions of all statutes relative to the problem accept the obligations of my politic.	roper and complete performance of i		