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TRIAD

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

FILED  
JUL 22 AM 8:58  
TALLAHASSEE, FLORIDA

RECEIVED  
2008 JUL 22 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**

**FIRST STATES INVESTORS 6000C, L.P.**

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

**T. CLINE**

JUL 23 2008

**EXAMINER**

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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. FIRST STATES INVESTORS 6000C, L.P.**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 04/02/2007**

Date of filing/registration in Florida

**3. B07000000116**

Florida document number

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

**CORPORATION SERVICE COMPANY**

Name

**1201 HAYS STREET**

Address

**TALLAHASSEE FL 32301-2525 US**

City, State and Zip

5. The name and Florida street 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) is/are effective when filed by the Florida Department of State.

**FIRST STATES INVESTORS 6000C GP, LLC, General Partner**  
**/s/Edward J. Matey**

Signature of General Partner By: Edward J. Matey Jr, VP of General Partner

*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.*



Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50