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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

SC MOTA GP, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SC MOTA GP, Inc.

2. The principal office address: ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401

3. The mailing address (if different): ONE NORTH CLEMATIS ST., STE 305 WEST PALM BEACH FL 33401

4. Date of incorporation/qualification: 07/15/2004 Document number: FM4000004040

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

6. The name and street address of the now registered agent (if changed) and/or registered office (if changed):

Brian D. Kosoy
ONE NORTH CLEMATIS STREET SUITE 305
(P.O. Box NOT acceptable)
WEST PALM BEACH FL 33401 US

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] Brian Kosoy, President
(Signature of an officer or director) (Printed or typed name and title)

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 obligation 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 corporation has been notified in writing of this change.

[Signature] 07-16-08
(Signature of Registered Agent) (Date)

Signing on behalf of an entity:
Brian Kosoy
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR28005 (8/05)

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