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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 fax Number : (770)220-1943

REGISTERED AGENT CHANGE

BELK ADMINISTRATION COMPANY

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

Electronic Filing Menu

Corporate Filing Menu

11/7/2006

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

7702201943

STATEMENT OF CHANGE OF REGISTER	ED OFFICE OF	REGISTERED	AGENT OR BOTH
FOR CO	RPORATIONS		270152 3)))

statement of change is submitte	ections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ed for a corporation organized under the laws of the State of No	
•	registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation		_
2. The principal office address:	2801 W Tyvola Road, NC 28217-4500	_
3. The mailing address (if diffe	rent):	_
4. Date of incorporation/qualif	Tication: 6/14/2006 Document number: F0600004191	_
	of the current registered agent and registered office on file with the	
Corporat	ion Service Company	ട
1201 Hay	ys Street	2 }
Tallahas	see, FL 32301	•
6. The name and street address (if changed):	of the new registered agent (if changed) and /or registered office	
NRAI Se	rvices, Inc.	
2731 Exe	ecutive Park Drive, Suite 4	
Weston	(P.O. Box NOT acceptable) , FL 33331	
The street address of its regis as changed will be identical.	tered office and the street address of the business office of its registered agent,	
Such change was authorized by the board, or the	by resolution duly adopted by its board of directors or by an officer so e corporation has been notified in writing of the change.	
STEMMUTE OF AN OFFICER OF	Ralph A. Pitts, Secretary (Printed or typed name and unle)	
I hereby accept the appointm I further agree to comply with of my duties, and I am familio document is being filed merei corporation has been notified	ent as registered agent and agree to act in this capacity, in the provisions of all statutes relative to the proper and complete performance or with and accept the obligation of my position as registered agent. Or, if this is to reflect a change in the registered office address, I hereby confirm that the lin writing of this change.	
Signature of Register	11 1 2006 (Osto)	
If signing on behalf of an ent	ity:	
Jennifer Malik, Assist		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)