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(((H06000270149 3)))



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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: TRIAD PROFESSIONAL SERVICES, LLC Account Name Account Number: 120020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943

## REGISTERED AGENT CHANGE

UNITED ELECTRONIC SERVICES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H06000270149 3)))

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of VA er to change its registered office or registered agent, or both, in the State of Florida.	
l. The name of	the corporation; United Electronic Services, Inc.	
	office address: 2801 W Tyvola Road ee, FL 32301	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 9/15/1993 Document number: F9500000055	
5. The name and	street address of the current registered agent and registered office on file with the trnent of State:	
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):		
	NRAI Services, Inc.	
	NRAI Services, Inc.  2731 Executive Park Drive, Suite 4	
,	(P.O. Box NOT acceptable) Weston, FL 33331	
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.	
Zalan (Signatu	Ralph A. Pitts, Secretary (Printed or typod name and title)	
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the abligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the heen notified in writing of this change.	
	muture of Registored Agent) (Date)	
If signing on behalf of an entity:		
	allk, Assistant Secretary  yped or Printed Name)	

\* \* \* 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)