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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES LLC CO
Account Number : I20080000085
Phone : (770) 777-2091
Fax Number : (770) 220-1943

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: michael@natacs.aero

LLC REGISTERED AGENT CHANGE
ARKITEKTUS, LLC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ARKITEKTUS, LLC

2. (a) Principal office address of limited liability company: 9400 GATEWAY, Ste D

☒ (Note: MUST BE STREET ADDRESS) RENO NV 89521

(b) Mailing address of limited liability company: 9400 GATEWAY, Ste D

☒ (Note: MAY BE POST OFFICE BOX) RENO NV 89521

10/19/2001
3. Date of filing/registration in Florida

L01000018050
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7

Registered Agent: SUNDHEIM, MICHAEL

Registered Office Address: 71 W PLAZA GRANADA

ISLAMORADA FL 33036 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

SUNDHEIM, MICHAEL J

Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Kristen Rahn, Asst. Secretary to NRAI

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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