

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

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

Fax Number



REGISTERED AGENT CHANGE

FIRST STATES INVESTORS 3004, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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EXAMINER

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

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: First States in | nvestors 3004, LLC | |
|---|---|--------------|
| (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | eany: 420 Lexington Ave 19th Floor | E |
| | New York, NY 10170 | = |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 680 Qid York Road Jenkintown, PA 19046 | E |
| | | <u>()</u> |
| | ي س | 27 |
| 11/21/2002 | L02000031286 | 完. |
| 3. Date of filing/registration in Florida | 4. Document number | 87 |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: | RFOR. |
| Registered Agent: | Corporation Service Company CO | |
| Registered Office Address: | 1201 HAYS STREET TALLAHASSEE FL 32301-0525 US | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | NEW Registered Office address: NRAI Services, Inc. | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2731 Executive Park Drive, Sulte 4 | |
| MOST BE FLORIDA STREET ADDRESS) | Weston,FL 33331 | |
| If the limited liability company is not organized under that after the change or changes are made, the Florida stoffice of the registered agent will be identical. Or, in the nereby confirmed that the change(s) was/were authorize iability company or as otherwise provided in the article imited liability company. Seldward J. Matey Jr. Signature of a member or authorized representative of a member) | reet address of the registered office and the busines e case of a Florida limited liability company, it is all by an affirmative vote of the members of the lim | 88 ited |
| Edward J. Matey Jr. | , | |
| (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the imfamiliar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notified. (Signature of Registered Agont) Jennifer Malik, Assist | | id I 808, |
| | and accidency | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00