

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 61.7-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

. Phone : (770)777-2091

Fax Number

: (770)220-1943

REGISTERED AGENT CHANGE

FIRST STATES INVESTORS 77, LLC

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EXAMINER

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.

l. Na	me of the limited liability company: First States Inves	stors 77, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 420 Lexington Ave 19th Floor New York, NY 10170	0 0
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	680 Old York Road Jenkintown, PA 19046	6
		L02000031297 4. Document number the records of the Florida Dept. of State:	-
	Registered Agent:	CORPORATION SERVICE COMPANY	
	Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-0525 US	đ
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
	NEW Registered Agent:	NRAI Services, Inc.	ø
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4 Weston ,FL 33331	
that af office hereby liabilit	limited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	t address of the registered office and the business use of a Florida limited liability company, it is y an affirmative vote of the members of the limite	đ
/8/ (Signatu	Edward J. Matey Jr. re of a member or authorized representative of a member)	-	
(Printed	d J. Matey Jr., V.P.	-	
	by accept the appointment as registered agent and as with the provisions of all statutes relative to the provisions of all statutes relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a comment that the limited liability company has been notified	AL SE 8	, 3,
(Sig na ti	fre of Registered Agent) Jennifer Malik, Assistant Secretary Division of Corporations, P.O. Box FILING FEE:	6327, Tallahassee, FL 32314	
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