Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H060001750523)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

SRH BRIERWOOD LLC

| 0 |
|---------|
| 0). |
| \$35.00 |
| |

Electronic Filing Menu

Corporate Filing Menu

Help



H060001750523

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.

| | | pany is: SRH Briefwood LLC | | ' |
|--|--|--|--|---|
| | of the limited lia | ability company is: 777 Eas | t Speer Blvd., First Floor | |
| Denver, CO 80203 | | | | · · · · · · · · · · · · · · · · · · · |
| 11/30/2004 L04000086396 | | | 0086396 | |
| 3. Date of filing/registre | tration in Florida 4. Document number | | | |
| 5. The name of the regis Florida Department o | tered agent and | the registered office address | as shown on the record | s of the |
| · | SIMON, BERT | C | | |
| | | Name | | |
| | 1660 PRUDEN | NTIAL DRIVE, SUITE 203 | | |
| | | Address | | |
| | JACKSONVIL | LE FL \$2207 | | |
| | | City, State and Zip | | 01VIS 2006 . |
| 6. The name and address | of the new regi | istered agent and/or office: | · | |
| | NRA! Services, | , Inc. | | OF CORPORATI |
| | | Name | | ं 7 |
| | 2731 Executive | Park Drive, Sulte 4 | | ₹ SPO |
| | Florida stres | t address (P.O. Box NOT ac | cceptable) | 5. |
| | | | | 4:6 |
| | Weston | FL 33391 | | 10NS |
| | | City, State and Zip | | |
| confirmed that after the and the business office of liability company, it is h | change or chang of the registered ereby confirmed ted liability com | ganized under the laws of the care made, the Florida streagent will be identical. Or, I that the change(s) was/wen pany or as otherwise provide ability company. | eet address of the registe in the case of a Florids l c authorized by an affirm | red office limited native vote of |
| (Signature of a member or author | orized representative | of a member) | | |
| (Printed or typed name of signs | | y RUHL | | |
| | - | | | |
| TATION GETVICES, ITIE. | Block | stered agent and agree to a s retaine to the proper and pligations of my position as s being filed to merely refle d liability company has been | ct in this capacity. I fur complete performance i registored agent as provi ct a change in the regist n notified in writing of t | ther agree to if my duties, nded for in ered office his change. |
| Jennifer Mauk Divis | <u> </u> | ut Secretary tions, P.O. Box 6327, Talia | hassee, FL 32314 | • |
| INH518(10/99) | H0600 | MILING FEE: \$25.00 20/750523 | | |