Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850) 617-6380

from:

ACCOUNT Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : I20080000085

Phone : (770)777-2091

Fax Number : (770)220-1943

SECRETARY OF STATE

REGISTERED AGENT CHANGE

A. LUNT

BAYROCK MIDTOWN, LLC

OCT 15 2008

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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 608.500 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undersigned limited to change its registered office or registered	
1. The name of the limited liability company is: BAYROCK MIDTOWN, LLC		
2. The mailing address of the limited liability company is:		
C/O BAYROCK GROUP LLC 725 FIFTH AVE., 24TH FLOOR NE	EW YORK NY 10022	
01/04/2005	L05000001303	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
KRISS, RONALD A ESQ	A SE	
Name		
ONE S.E. THIRD AVE., 28TH FLOC Address		
MIAMI FL 33131 US		
City, State and Z	P. 35 35 1	
6. The name and address of the new registered agent and/or	Office:	
NRAI Services, Inc.	Dr. F	
Name 2731 Executive Park Drive, Suite 4		
Florida street address (P.O. Box		
t source proper properties (v. ca. taket		
Weston FL 3333		
City, State and Zip		
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 of perfective of a member)		
Julius Schwarz		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the proving and I am familial with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer cudarss, I hereby confirm that the limited liability company NRAI Services. Inc.	ree to act in this capacity. I further agree to per and complete performance of ny duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
(Signature of Registered Agent) Jennifer Malik, 'Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		
INHS 18 (8/05)		
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