

**105000065011**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : 120020000094  
Phone : (770)777-2091  
Fax Number : (770)220-1943

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

LITTLE HOUSE LLC

Certificate of Status	0
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PAGE 02/02

**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. The name of the limited liability company is: Little House LLC
2. The mailing address of the limited liability company is : \_\_\_\_\_  
4400 NORTH FEDERAL HIGHWAY, SUITE 408, BOCA RATON FL 33431
3. Date of filing/registration in Florida 06/30/2005
4. Document number L05000066011
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ROBERT LEE SHAPIRO, P.A.

Name

2401 PGA BLVD., SUITE 272

Address

PALM BEACH GARDENS FL 33410 US

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston

FL 33331

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]  
(Signature of a member or authorized representative of a member)

Michael J. Wakon

(Printed or typewritten name of signee)

*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]  
(Signature of Registered Agent)

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

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