

Division of Corporations Public Access System

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Division of Corporations

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Account Name : TRIAD PROFESSIONAL SERVICES, LLC

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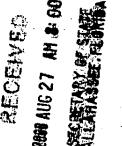
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REGISTERED AGENT CHANGE

STERLING/BROCK TITUSVILLE GP, LLC



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AUG 28 2008

EXAMINER

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Corporate Filing Menu

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8/26/2008

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

TRIAD

agent, or both, in the St	ate of Florida,		and the opposite of the later of	
1. The name of the limit	ited liability compan	y is: Sterling/Brock Titusville GP, LL	.C	
2. The mailing address	of the limited liabili	ty company is : <u>c/o Centrecorp Mar</u>	ragement Services Limited	
2851 John Street, Suite 1		•	HARMING BUILDING	
2001,000,000,000	, warman, ornaro			
The state of the s		L08000077195	***	
3. Date of filing/registra	ation in Florida	4. Document nu	mber	
5. The name of the regis Florida Department o	stered agent and the i	registered office address as shown	on the records of the	
	BROCK, PETER		_	
,		Name	•	
4650 DONALD ROSS ROAD, SUITE 200				
		Address	•	
	PALM BEACH GA		_	
	C.	City, State and Zip		
6. The name and address	s of the new registere	ed agent and/or office:	AS CO	
	NRAI Services, Inc.		BAUG 27	
		Name	35 5	
	2731 Executive Par	, , ,	27 SSI	
	Florida street add	dress (P.O. Box NOT acceptable)		
	Mantau	ET 22224		
	Weston	FL 33331 ty, State and Zip		
		•	8: 3: ATE	
and the business office cliability company, it is h	change or changes a of the registered agen ereby confirmed tha mited liability comp	zed under the laws of the State of it re made, the Florida street address at will be identical. Or, in the case to the change(s) was/were authorize any or as otherwise provided in the company.	of the registered office of a Florida limited ed by an affirmative vote	
/s/Robert S. Gr	een			
(Signature of a member or author	orized representative of a m	ember)		
Robert S. Green (Printed or typed name of signed	e)	· · · · · · · · · · · · · · · · · · ·		
I hereby accept the apper comply with the provision and I am familiar with a Chapter 508, F.S. Or, if address, I hereby confirm NRAI Services, by (Signature of Registered Agent)	ointment as registere ons of all statutes rel na accept the obliga this document is bei in that the limited lia	ed agent and agree to act in this ca ative to the proper and complete p tions of my position as registered ing filed to merely reflect a change bility company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office I writing of this change.	
Mary Paris, Assistant Sec Divisi		. P.O. Box 6327. Tallahatana FI	. 32314	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				
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