

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H09000090215 3)))



H090000902153ABC

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

ro:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

RECEIVED

MO APR 15 AN 8: DO

SECRETARY OF STATE

SITE AHASSEE. FLORIDA

REGISTERED AGENT CHANGE

VAD PROPERTIES, LLC

Certificate of Status	0.
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

J. BRYAN

APR 1.6 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/15/2009

((H090000902153)))

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. Name of the limited liability company: VAD PROPERTIES, LLC

2. (a) Principal office address of limited liability company: 7172 Village Loop
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 7172 Village Loop
(Note: MAY BE POST OFFICE BOX)

March 9, 2009

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

Registered Office Address:

Registered Office Address:

Registered Office Address:

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Perk Drive
(MUST BE FLORIDA STREET ADDRESS)
Suite 4
Westen

Sulta 1201 Destin, FL 32541

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.

(Signification of a momber or politorized representative of member)

Amenda J. Buckley, (Printed or typed 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for an 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 of Registered Agent) Jennifer Malik, Assist Sec to NRAI

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

((H09000090215 3))