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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES LLC
Account Number : I20080000085
Phone : (770) 777-2091
Fax Number : (770) 220-1943

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: jbaden@triadpros.com

LLC REGISTERED AGENT CHANGE
SUMMERVILLE RETAIL, LLC

Certificate of Status	0
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EXAMINER

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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 608.508, 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: SUMMERVILLE RETAIL, LLC

2. The mailing address of the limited liability company is : _____

2851 JOHN ST. STE. ONE MARKHAM, ONTARIO L3R 5R7 CANADA

06/10/2010
3. Date of filing/registration in Florida

L1000062227
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:

NATIONAL REGISTERED AGENTS, INC.
Name
2731 EXECUTIVE PARK DRIVE SUITE 4
Address
WESTON FL 33331 US
City, State and Zip

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

NRAI Services, Inc.
Name
515 EAST PARK AVE.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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.

/s/Robert S. Green
(Signature of a member or authorized representative of a member)

Robert S. Green
(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 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.
NRAI Services, Inc.

(Signature of Registered Agent) Jennifer Parks, Asst Secretary

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