Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : TRIAD PROFESSIONAL SERVICES LLC COA

Accourt Number : 120080000085 Phone : (770)777-2**09**1 Fax Number : (770)220-1943

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LC REGISTERED AGENT CHANGE **BUDDY RESOURCES, LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR IMITED LIABILITY COMPANY

Pursuant to the provisions of sections 665.0114 or 605.0116, 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

rigriq	a.				
1. N	ame of the limited liability compar	y: BUDDY RE	ESOURCES,	LLC	
2. (a)	6849 PEACHTREE DUNW	ODY ROAD	(b) 6	(b) 6849 PEACHTREE DUNWOODY ROAD	
• • •	Principal office address of limite (Note: MUST BE STREE			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BUILDING A-2		В	UILDING A-2	
	ATLANTA, GA 30328		A	TLANTA, GA 30328	
	10/05/2010		L10	0000104148	
3.	Date of filing/registration	i in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office TRIAD Professional Service Registered Office Address (MUST B	BE FLORIDA STREET ADDRESS		15 15	
	1200 South Pine Island Ro Plantation		FL 33324		
<u>(</u> b)	Enter name of NEW Registered Agent NRAI Services, Inc. NEW Registered Office Address: 1200 South Pine Island Ro		ered Office address	- AHO: 53	
	Plantation		FL 33324		
the chi agent was/w the art /s/R	ange or changes are made, the Flor will be identical. Or, in the case of	anized under the ida street address a Florida limited te of the member agreement of	laws of the Sta s of the registered liability comp rs of the limited the limited liabi	to of Florida, it is hereby confirmed that after ad office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in tity company. a Gilbert Printed or typed name of signce	
	+ Kahn	tered agent and roper and compled agent as proved office address		his capacity, I further agree to comply with the t of my duties, and I am jamiliar with and accept ster 605, F.S. Or, if this ducument is being filed m that the limited liability company has been	
ដែនផ្ទេះ	Division of Co	rporations + P.C	D. Box 6327= T	allaharace, FL 32314 (((H15000059450 3)))	