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.

(((H090000257923)))



H090000257923ABC1

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

To:

Division of Corporations

Fax Number : (85)

: (850)617-6380

From:

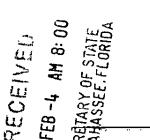
Account Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : 120080000085

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

REGISTERED AGENT CHANGE

SUMMER OAK LLC



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

Corporate Filing Menu

Help

M. THOMAS

FEB - 5 2009

2/4/2009

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

Filing Menu

EXAMINER

(((H09000025792 3)))

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: Summer Oak LLC
2. The mailing address of the limited liability company is:
5555 GLENRIDGE CONNECTOR, SUITE 700 ATLANTA GA 30342
07/10/2000 MO000001367
3. Date of filing/registration in Florida 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:
C T CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION FL 33924 US City, State and Zip
•
6. The name and address of the new registered agent and/or office:
NRA) Services, Inc.
Name Same
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FL 33331 C ==
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/George H. Lane, III
(Signature of a member or authorized representative of a member)
George H. Lane, Ill (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to gct 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 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. (Signstant of Registered Agent)
Jennifer Malik, Assistant Secretary Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)

(((H09000025792 3)))