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Division of Corporations

Fax Number : (850) 617-6380

: TRIAD PROFESSIONAL SERVICES LLC COA Account Name

Account Number : I20080000085 : (770)777-2091 Phone

Fax Number : (770)220-1943

REGISTERED AGENT CHANGE

INVESTMENT AND DEVELOPMENT SERVICES, LLC

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(((H09000040336 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 limits		_		
2. The mailing address of	_	,	·	· · · · · · · · · · · · · · · · · · ·
5555 GLENRIDGE CONNE	CTOR, SUITE 700 ATLAN	TA GA 30342		
01/27/2005		MD50000	000419	
Date of filing/registrat	ion in Florida	4. Docus	ment number	
5. The name of the registe Florida Department of	ered agent and the registe State:	red office address as	shown on the re	cords of the
	NATIONAL CORPORATI	RESEARCH, LTD., Name	INC.	
	515 E. PARK AVE.			
	· A	ddress	 _	
	TALLAHASSEE FL 3230	1 US		₩. 2
	City, St	ate and Zip		
5. The name and address of	of the new registered age	nt and/or office;		2009 FEB 2 SECRETA TALLAHAS
	NRAL Services, Inc.			20 \$S(
	Na	me		
	2731 Executive Park Drive	, Suite 4		
	Florida street address (P.O. Box NOT acce	ptable)	ORF CO
		FL 33331		- \$ F
	City, Sta	te and Zìp		**
If the limited liability com- confirmed that after the ch and the business office of liability company, it is her of the members of the lim- or the operating agreement /s/Eric J. Hade	nange or changes are mad the registered agent will reby confirmed that the c rited liability company or tof the limited liability of	le, the Florida strect be identical. Or, in hange(s) was/were s	address of the re- the case of a Flor- uthorized by an a	gistered office rida limited offirmative vote
Erlo J. Hade (Printed or typed name of signee)				
I hereby accept the appoinment with the provision and I am familiar with appoint the provision of Registered Agent) Jennifer Malik, Assistant Se	niment as registered age s of all statutes relative to a docept the obligations of his document is being file that the limited liability to be a cretary n of Corporations, P.O.	 Box 6327, Tallaha:	÷	I further agree to the of my duties, provided for in spirited office of this change.
		FEE: \$25.00		
	(((H0900	0040336 3)))		

INHS18 (8/05)