07/25/2008

Florida Department of State

Division of Corporations Public Access System

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Division of Comporations

Fax Number : (850)617-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

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

REGISTERED AGENT CHANGE

FIRST STATES MANAGEMENT, LLC

Certificate of Status	0	
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EXAMINER

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ASTATEMENT 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: FIRST STATES M	ANAGEMENT, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	/: 420 Lexington Ave 19th Floo New York, NY 10170	<u>r</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	680 Old York Road Jenkintown, PA 19046	F
06/21/2005	M05000003382	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	ot. of State;
Registered Agent:	CORPORATION SERVICE COMPANY	
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-052	5 US =
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address	<u> </u>
NEW Registered Agent:	NRAI Services, Inc.	+
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4 Weston	,FL 33331
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.	t address of the registered off use of a Florida limited liabili y an affirmative vote of the n	ice and the business ty company, it is sembers of the limited
/s/Edward J. Matey Jr. (Signature of a member or authorized representative of a member)	-	
Edward J. Matey Jr., V.P. (Printed or typed name of signee) I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of my samillar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent) enhifer Malik, Assistant Secretary Division of Corporations, P.O. Box FILING FEE: INHS18 (05/08)	6327, Tallahassee, FL 3231	FILED 8 JUL 25 AM 8 ECHETARY OF STA- LLAHASSEE, FLORE
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