## Department of Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC C

Account Number : I20080000085

: (770)777-2091

Fax Number

: (770)220-1943

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

## REGISTERED AGENT CHANGE BR SUMMIT 23, LLC

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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 or agent, or both, in the State of Florida.	der to change its registered office or registered
I. Name of the limited liability company:	BR SUMMIT 23, LLC
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	680 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY 10019
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	16500 NORTH PARK DRIVE, STE 202 SOUTHFIELD MI 48075
05/10/2007	M0700002766
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NRAI Services, Inc.  2731 Executive Park Drive Suite 4
(MUST BE FLURIDA STREET ADDRESS)	Weston ,FL33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company /s/Deborah Huet  Signature of a member or authorized representative of a member	Florida street address of the registered office ontical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization
Debarah Huat	
Printed or typed name of signee	<del>_</del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	
Jennifer Malik, Azzistant Socretary to NRAI Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314 デー い
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