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.

(((H08000177610 3)))



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

Division of Corporations

Fax Number : (850)617-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone : (770) 777=2091

Fax Number : (770)220-1943

## REGISTERED AGENT CHANGE

FIRST STATES INVESTORS BRANCH ONE GP, LLC

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

M. THOMAS

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 2 3 2008

**EXAMINER** 

7/21/2008

## 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. Name of the limited liability company: FIRST STATES	INVESTORS BRANCH ONE GP, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny: 420 Lexington Ave 19th Floor New York, NY 10170
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	680 Old York Road  Jenkintown, PA 19046
10/18/2007  3. Date of filing/registration in Florida	M07000006250 4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-0525 US
NEW Registered Agent:  NEW Registered Office Address:	NRAI Services, Inc.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
MUST BE FLORIDA STREET ADDRESS)	Weston ,FL 33331
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  /s/Edward J. Matey Jr.	rel laws of the State of Florida, it is hereby confirmed reet address of the registered office and the business, a case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	<del></del>
Edward J. Matey Jr., V.P. (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 1 am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notification.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby led in writing of this change.
(Signature of Rogistered Agent)	
nifer Malik, Assistant Secretary Division of Corporations, P.O. Bo FILING FE	· · · · · · · · · · · · · · · · · · ·

INHS18 (05/08)