Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094 Phone

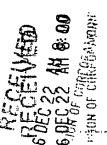
: (770)777~2091

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REGISTERED AGENT CHANGE

WESTBROOK RESIDENTIAL PARTNERS, L.L.C.



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Electronic Filing Menu

Corporate Filing Menu

INHS18(10/99)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections 608.416 or 608. its the following statement in ord ite of Florida	508, Florida Statutes, the un er to change its registered of	dersigned limited fice or registered
	ted liability company is: Wastbroom		
	of the limited liability company is		
P.O. BOX 1908 HOBE SO	UND FL 33475		
12/01/1997		M97000000792	
	3. Date of filing/registration in Florida 4. Document number		
5. The name of the regist Florida Department of	tered agent and the registered office	e address as shown on the rec	ords of the
	CT Corporation System		
	Name		201 TAI
	1200 SOUTH PINE ISLAND ROA)	2006 DEC 22 SECRETAR'S
	Address		AR PE
ŀ	Plantation FL 33324		ASA 2
6. The name and address	City, State and of the new registered agent and/o	•	E OF
,	NRAI Services, Inc.		4 8: 21 STATE FLORIDA
	Name		RA 2
•	2731 Executive Park Drive, Suite 4	<u> </u>	> -
	Florida street address (P.O. Bo	x NOT acceptable)	
	Weston FL 333	31	
	City, State and Z	ip	
confirmed that after the c and the business office of liability company, it is he the members of the limite the operating agresment	npany is not organized under the hange or changes are made, the F the registered agent will be ident reby confirmed that the change(s) all liability company or as otherwise the limited liability company. Ized representative of a member)	aws of the State of Florida, it lorida street address of the regical. Or, in the case of a Flori was/were authorized by an afse provided in the articles of c	is hereby istered office da limited firmative vote of organization or
Kashif Sheikh (Printed or typed name of signed		•••	
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby donfirm NRAL Gentless, Inc. Significate of Registered Agent) Assistant Services	intment as registered agent and a ns of all statutes relative to the pro- ig accept the obligations of my po- this document is being filed to me i that the limited liability company		further agree to ce of my dulics, provided for in gistered office of this change:

FILING FEE: \$25.00