

## Florida Department of State

Division of Corporations Public Access System

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To:

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

SC ABACOA, G.P., INC.

Certificate of Status	0
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Page Count	01
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is subm	f sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this itted for a corporation organized under the laws of the State of Florida its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: SC Abacoa, G.P., Inc.		
2. The principal office address WEST PALM BEACH	SS: ONE N CLEMATIS ST, STE 305	
	fferent): c/o Centrecorp Management Services.	
5. The manning andress (if the	2851 John Street, Ste 1, Markham, ONTARIO L3R51	
4. Date of incorporation/qua	diffication: 08/09/2001 Document number: P01000079564	
	ess of the current registered agent and registered office on file with the	
KOSOY	, BRIAN D	
ONE N	CLEMATIS ST, STE 305	
WEST F	PALM BEACH FL 33401 US	
(if changed):	ess of the new registered agent (if changed) and /or registered office	
NRAIS	Services, Inc.	
2731 E	xecutive Park Drive, Suite 4	
3414-	(P.O. Box NOT neceptable)	
vvesto	on, FL 33331	
as changed will be identicated		
Such change was authorize authorized by the board, or	ed by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.	
/s/Robert S. G		
I hereby accept the appoin I further agree to comply wo of my duties, and I am fam document is being filed me corporation has been notif	tment as registered agent and agree to act in this capacity, with the provisions of all statutes relative to the proper and complete performance illar with and accept the obligation of my position as registered agent. Or, if this rely to reflect a change in the registered office address, I hereby confirm that the led in writing of this change.	
(Signature of Regi	6 //6 /08 (Date)	
If signing on behalf of an e	entity:	
Jennifer Malik, Asst.		
(Typed or Printe		
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)