Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850) 517-6380

From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943



REGISTERED AGENT CHANGE

NADC (HOWARD TECUMSEH), INC.

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corpora	tion:		NADC (Ho	ward Tecu	mseh), Inc.		
2. The principal office addr	ess: 4650 D	ONALD ROSS R	D SUITE 200	 			
PALM BEACH GARD			_				
3. The mailing address (if d	ifferent):	c/o Centre	ecorp Ma	nagemen	t Service	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	2851 John	Street,	Ste 1,	Markham,	ONTARIO	L3R5R7
4. Date of incorporation/qua	alification:	7/29/2003	Docum	nent numbe	r: P0300008	32793	
5. The name and street addr Florida Department of St		ment registered	agent and reg	istered offic	e on file with th	xe	
PREST	ON, JOHI	v w.s					
4650 DO	DNALD R	OSS RD SUIT	ΓE 200				
PALM B	EACH G	ARDENS FL 3	33418 US			80	DIV
6. The name and street addr (if changed):	ess of the ne	w registered age	nt (if change	l) and /or re	gistered office	91 NNF 80	STON OF C
NRAI S	Services,	Inc.		<u>. </u>			02 S
2731 E		Park Drive		<u> </u>		4W.10: 4.	STATI DRATI
Westo	n, FL 3	3331	") 				ONS TE
The street address of its reas changed will be identicated	gistered offi	ce and the street	address of ti	ne business	office of its re	gistered agent	•
Such change was authorized authorized by the board, or							
/s/Robert S. (Signature of an officer	Green or director)		Robe	ert S. (Printed or ty	Green, VP		
I hereby accept the appoint I further agree to comply wo of my duties, and I am fami document is being filed me corporation has been notification.	iment as reg thithe prov liar with ar rely to refle ted in writin	istered agent ar visions of all stated accept the object a change in the g of this change	nd agree to a tutes relative ligation of m ne registered	ct in this ca to the prop position a office addr	pacity er and comple s registered ag ess, I hereby co	te performance ent. Or, if this confirm that the	e 3 7
Office.				6/1	6/08		
(Signature of Region	tered Agent)			(1	Onte)		
If signing on behalf of an c	ntity:						
	-						

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