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From:

: TRIAD PROFESSIONAL SERVICES, LLC Account Name

Account Number : I20020000094

: (770)777-2091

Fax Number

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## REGISTERED AGENT CHANGE

NADC (JOCKVALE), INC.

| Certificate of Status | 0       |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|   |  |   |  | <b>\$1</b> :   | DO (1                                       |                                   |   |  |                          |
|---|--|---|--|--|---|-----------------------------------|---|--|--------------------------|
| The name of the corporation: NADC (Jockvale), Inc.  The principal office address: 4650 DONALD ROSS RD SUITE 200 |  |   |  |  |   |                                   |   |  |                          |
| •   |  |   | ROSS   | RD SUITE :   | 200   |                                   |   |  |                          |
| PALM BEA  | CH GARDENS FL  | 33418   |  |  |   |                                   |   |  |                          |
| 3. The mailing a  | ddress (if different):   |   |  |  |   |                                   |   |  |                          |
|   |  | 2851 3  | John   |  |   |                                   | Markham,  |  | L3R5R7                   |
| 4. Date of incorp   | oration/qualificatio   | n: <u>06/11/20</u>  | 004  | Do   | eument :                                    | ոսութ                             | er: <u>P04000</u>   | 090797   |                          |
|   | street address of the timent of State:   | e current re  | egistere   | d agent and  | registere                                   | d offi                            | icc on file with  | the  | -                        |
|   | PRESTON, JO  | HN W.S  |  |  |   |                                   |   |  | ime                      |
|   | 4650 DONALD  | ROSS F  | RD SU  | ITE 200  |   |                                   |   | d*.  | DIVISI<br>08             |
|   | PALM BEACH   | GARDE   | NS FL  | 33418 U  | 3   |                                   |   |  | NISION OF CONTRACT       |
| 6. The name and (if changed):   | street address of th   | e new regis   | stered a   | gent (if chan  | ged) and                                    | d /or 1                           | egistered offic   | ce .   | DIVISION OF CONFORMID: 1 |
|   | NRAI Service   | es, Inc.  |  |  |   |                                   | <del>, , , , , , , , , , , , , , , , , , , </del>             |  | AH 10: 48                |
|   | 2731 Execut  | (P.O. Box NO  |  |  | 4   |                                   |   | •  |                          |
|   | Weston, FL   | •   | •  |  |   |                                   |   |  |                          |
| The street addre  | ss of its registered<br>be identical.  | office and  | the stre   | et address o   | of the bu                                   | sines                             | s office of its   | registered ag                                  | ent,                     |
| Such change wa<br>authorized by th  | s authorized by res<br>e board, or the con   | olution du<br>ocration he   | ly adop<br>as been                                     | ted by its b<br>notified in  | oard of<br>writing                          | direct<br>of the                  | tors or by an o   | officer so                                     |                          |
| /s/Robert   | t S. Green   | <del>,</del>  |  | Rob  | ert S                                       | 3. C                              | reen. VP  | Da)  |                          |
| I hereby accept to a further agree to further agree to of my duties, and document is heir corporation has       | the appointment as<br>o comply with the p<br>d I am familiar with<br>ng filed merely to r<br>been notified in wi | registered<br>provisions<br>n and acce<br>effect a chi<br>iting of th | i agent<br>of all si<br>pt the o<br>ange in<br>is chan | and agree t<br>tatutes relai<br>bligation o<br>the register<br>ge. | o act in<br>ive to th<br>my pos<br>ed offic | this one pro-<br>sition<br>se add | capacity,<br>per and comp<br>as registered<br>iress, I hereby | plete perform<br>agent. Or, if<br>confirm that | ance<br>This<br>the      |
|   | mature of Registered Agen  | <del>}\</del>   |  |  |   |                                   | 6//6/08<br>(Date)   | )<br>,   | <u>'</u>                 |
| If signing on beh   | • •  | v   |  |  | •   |                                   | ·y  |  |                          |
|   | _  |   |  |  |   |                                   |   |  |                          |
| Jennifer Mal  | IN ACCT MACEAN   | an)   |  |  |   |                                   |   |  |                          |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)