Division of Corporations Public Access System

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(((H090000415313)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : I20080000085

Phone : (770)777-2091

Fax Number

: (770)220-1943

REGISTERED AGENT CHANGE

SPEDAG AMERICAS INC

Certificate of Status	0
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(((H09000041531 3)))

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

statement of cha	provisions of sectians 607.0502, 617.0502, nge is submitted for a corporation organiza r to change its registered office or registere	ed under the laws of the State of Flori	da		
1. The name of t	he corporation:	SPEDAG AMERICAS INC			
	office address: 7700 NORTH KENDALL DI				
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 08-30-2005	Document number: P0500012	20488		
5. The name and	street address of the current registered age timent of State:				
•	JANET T. MUNN, FELDMAN GA	LE, P.A.			
	ONE BISCAYNE TOWER, 30TH FLOO	R2 SOUTH BISCAYNE BLVD.	O9 SECI		•
	MIAMI FL 33131 US		AHA AHA	833	丁
6. The name and (if changed):	street address of the new registered agent (RETARY OF AHASSEE F	23 P#	
	Kurt Diener	·	STA	w	
	7700 North Kendall Drive, Suite 5	03	DA E	5	
	Miami, FL 33156				
The street addre	ss of its registered office and the street ad be identical.	dress of the business office of its re	gistered	agent,	I
Such change was authorized by th	s authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by an off ied in writing of the change.	icer so		
/s/Kurt I (Signatu	lener e of an officer or director)	Kurt Diener, Asst. Secretary (Printed or typed name and fille)			
l hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and a o comply with the provisions of all statute it I am familiar with and accept the obliga ng filed merely to reflect a change in the r been notified in writing of this change.	igree to act in this capacity, is relative to the proper and comple ition of my position as registered as egistered office address, I hereby c	te perfor zent. Or onfirm th	mance if this hat the	g S !
/s/Kurt]	Diener nature of Registered Agent)	2/23/2009 (Date)			
If signing on bel	nalf of an entity:				
(11	yped or Printed Name)				
	* * * FILING FEE:	\$35.00 * * *			
M/ CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORE ALL TO: DIVISION OF CORPORATIONS, P.O.	DA DEPARTMENT OF STATE BOX 6327, TALLAHASSEE, FL 323	14		
	(((H09000041531	3)))			