## Florida Department of State

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To:

Division of Corporations

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From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

: (770)777-2091

Fax Number

: (770)220-1943

## REGISTERED AGENT CHANGE

NADC (400/88) INC.

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

. Date of incorporation/qualification	DONALD ROSS RD SUITE 200
PALM BEACH GARDENS FL.  The mailing address (if different):  Date of incorporation/qualification  The name and street address of the	c/o Centrecorp Management Services, 2851 John Street, Ste 1, Markham, ONTARIO L3R5  04/04/2006 Document number: P06000048885
. Date of incorporation/qualification . The name and street address of the	2851 John Street, Ste 1, Markham, ONTARIO L3R5: 04/04/2005
. Date of incorporation/qualification . The name and street address of the	2851 John Street, Ste 1, Markham, ONTARIO L3R5: 04/04/2005
. The name and street address of the	•
. The name and street address of the	•
PRESTON, JOI	HN W.S.
4650 DONALD	ROSS RD SUITE 200
PALM BEACH	GARDENS FL 33418 US
. The name and street address of the (if changed):	new registered agent (if changed) and /or registered office
NRAI Service	s, Inc.
	ve Park Drive, Suite 4
Weston, FL	P.O. Box NOT acceptable)
he street address of its registered o	ffice and the street address of the business office of its registered agent,
uthorized by the board, or the corp-	olution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.
/s/ Robert S. Green (Signature of an afficer of director)	Robert S. Green, VP (Printed or typed name and titls)
hereby accept the appointment as further agree to comply with the pifmy duties, and I am familiar with ocument is being filed merely to reorporation has been notified in wri	registered agent and agree to act in this capacity, rovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change.
Jehr	(e/16/08 (Date)
(Signature of Registered Agent	(Date)
signing on behalf of an entity:	

\* \* \* 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)