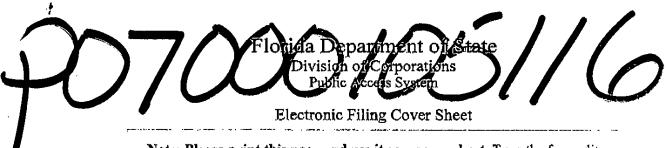
06/16/2008 16:27 7702201943 Division of Corporations

TRIAD

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 : (770)777-2091

Fax Number : (770)220-1943

REGISTERED AGENT CHANGE

NADC (QUEBEC) INC.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized ler to change its registered office or registered	under the laws of the State of Flor	rida	
1. The name of the corporation: NADC (Quebec) Inc.				
2. The principal	l office address: 4650 DONALD ROSS RD SU ACH GARDENS FL 33418			
	address (if different): c/o Centrecorp	Management Services et, Ste 1, Markham,		.5R:
4. Date of incor	poration/qualification: 09/21/2007	Document number: P070001	05116	
5. The name an	d street address of the current registered agent artment of State; PRESTON, JOHN W.S.			
	4650 DONALD ROSS RD SUITE 2	00		
	PALM BEACH GARDENS FL 3341	8 US	200 SE	
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered office	2008 JUN 16 SECRETARY	Own action
	NRAI Services, Inc.		<u> </u>	
	2731 Executive Park Drive, Su (P.O. Box NOT acceptable) Weston, FL 33331	ite 4	AM 7: 45 OF STATE E. FLORIDI	C
The street address changed will	ess of its registered office and the street addr	ess of the business office of its re	egistered agent,	
Such change wanthonized by the	as authorized by resolution duly adopted by he board, or the corporation has been notifie	its board of directors or by an off d in writing of the change.	ficer so	•
_/s/ Robe (Signal	rt S. Green	Robert S. Green, VI	P	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and ag to comply with the provisions of all statutes nd I am familiar with and accept the obligati ing filed merely to reflect a change in the reg s been notified in writing of this change.	ree to act in this capacity, relative to the proper and compli on of my position as registered a gistered office address, I hereby o	ete performance gent. Or, if this confirm that the	
	(mature of Registered Agent)	6/16/08		
	chalf of an entity:	(trutt)		
Jennifer Ma	Typed or Printed Name)			
	* * * 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)