

2012-03-27 16:29 TRIAD

7702201943 >>

P 1/2

P08000107686

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000080367 3)))



H120000803673ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: davidboone@booneandstone.com

REGISTERED AGENT CHANGE
NUMBER 34, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

12 MAR 28 AM 8:05

ALLAHASSEE, FLORIDA

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

12 MAR 28 AM 11:15

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

APR 3/28/12

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NUMBER 34, INC.
2. The principal office address: 1780 NORTH MILLS AVENUE
ORLANDO FL 32803 US
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/11/2008 Document number: P08000107686

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MONROE, NORMAN A
1780 NORTH MILLS AVENUE
ORLANDO FL 32803 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
515 EAST PARK AVE.
Tallahassee, FL 32301

P.O. Box NOT acceptable

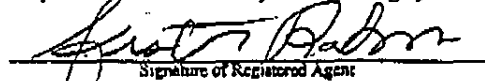
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

David W. Boone, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

3/27/2012
Date

If signing on behalf of an entity:

Kristen Rahm, Asst Secretary to NRAI
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 (8/03)
(((H12000080367 3)))

FILED
2012 MAR 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA