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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

REGISTERED AGENT CHANGE

SEMINOLE INVESTMENTS, INC.

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

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

statement of change	s is submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, ed under the laws of the State of Fortise ed agent, or both, in the State of Florida.	·	
1. The name of the	compration:	Seminole Investments, Inc.		
2. The principal off	fice address: <u>4650 DONALD ROSS RO</u> H GARDENS FL 33418	AD SUITE 200		
3. The mailing add: <pre>c/o Centercor;</pre>	ress (if different): p Management Services, 2851 John Str	eet, Ste. 1, Markham, ONTARIO L3R5R7	Canada	
4. Date of incorpora	ntion/qualification: 11/21/1991	Document number: \$95685	Marie I	
	reet address of the current registered age	nt and registered office on file with the		
F	PRESTON, JOHN W.S.			
4650 DONALD ROSS ROAD SUITE 200				
PALM BEACH GARDENS FL 33418		# 8		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
V	IRAI Services, Inc.		勝る西	
2731 Executive Park Drive, Suite 4				
	(P.O. Box NOT ecceptable) Weston, FL 33331		2: 33	
The street address as changed will be	of its registered office and the street as identical.	dress of the business office of its regist	ered agent,	
III	nutibuteed by resolution duly adopted loans, or the corporation has been not	by its board of directors or by an officer fied in writing of the change. John W.S. Preston, Pre- (France or typed name and tale)		
I hereby accept the I further agree to co of my duties, and I document is being corporation has be	e appointment as registered agent and comply with the provisions of all statut and familiar with and accept the oblig filed merely to reflect a change in the ten notified in writing of this change.	agree to act in this capacity, es relative to the proper and complete p ation of my position as registered agent registered office address, I hereby confi	erformance . Or, if this rm that the	
(Signate	uro of Registered Agent)	7/17/2008 (Date)		
If signing on behal	f of an entity;	^		
(Туро	Sharon Sharon	K. Gray, Assir	tant retary	
* * * FILING FEE: \$35.00 * * *				
MAIL CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLOR TO: DIVISION OF CORPORATIONS, P.O	ida Department of State . Box 6327, Tallahassee, FL 32314	7	