## ida Depainment of State

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To:

Division of Corporations

Fax Number

in the cases portain trained to be a fill

: (850) 617-6380 5

Account Name

: TRIAD PROFESSIONAL SERVICES LCC COA

Account Number : 120080000085

Phone

: (770)777-2091

Fax Number

: (770)220-1943

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

## REGISTERED AGENT CHANGE DEDICATED (N ANDREWS FL) GP INC.

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

statement of cha	provisions of sections 607,0502, 617,0502, 607 inge is submitted for a corporation organized u r to change its registered office or registered a	nder the laws of the State of Ont	ario	
1. The name of t	he corporation; DEDICATED (N ANDF	REWS FL) GP INC.	···	
	office address: 1302-2200 YONGE ST O, ON M48 2C6, ON CA	REET		
4. Date of incorp	poration/qualification; 12/08/2011	Document number: F110000	04916	
	street address of the current registered agent a timent of State: (If resigned, enter resigned)	nd registered office on file with t	he	
	C T CORPORATION SYSTEM	·····		
	1200 SOUTH PINE ISLAND ROA	<b>.</b> D	デクター <b>-</b> 一円 <b>ま</b>	<u>.</u>
	PLANTATION FL 33324 US	•		
6. The name and (if changed):	street address of the new registered agent (if c	hanged) and /or registered office	~	
	NRAI Services, Inc.		ا ا بعدد	盂 【
	1200 SOUTH PINE ISLAND ROA	ND	# 22 5 m	ිව වැ
	P.O. Bux NOT acceptal	nie	•	
The street addre	ss of its registered office and the street addres be identical.	s of the business office of its rep	gistered ag	jent,
Such change wa authorized by th	s authorized by resolution duly adopted by its e board, or the corporation has been notified i	board of directors or by an office n writing of the change.	cer so	
/s/Mark Zol	ty Ma	rk Zolty, VP		
I hereby accept	the appointment as registered agent and agre o comply with the provisions of all statutes re my duties, and I am familiar with and accept s document is being filed merely to reflect a c that the corporation has been notified in writi	e to act in this capacity. lative to the proper and complet the obligation of my position as hunge in the registered office ac ng of this change.	te registerea idress, I	,
Sign	niture of Registered Agent	1/9/2014 Duic		_
If signing on bel	half of an entity:			
K Rahm, As	sst Secretary to NRAI			
Ty	ped or Printed Name	: Ուչ ա ա ա		

\* \* \* 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 (03/12) (((H14000006444 3)))