## L34626

Division of Corporations
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To:

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107

Fax Number : (561)694-1639

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## REGISTERED AGENT CHANGE

TRIAD ADVISORS, INC.

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## H09000073946

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

Pursuant to the provisions of section 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 Florida is order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Triad Advisors, Inc	
2. The principal office address: 5185 PEACHTREE P. NORCROSS GA 30092	ARKWAY, SUITE 280
3. The mailing address (if different):	7070
4. Date of incorporation/qualification: 12/4/1989	Document Number: L34626
5. The name and street address of the current registere Florida Department of State:	ed agent and registered office on file with the
BRIAN HELLER 4400 BISCAYNE BLVD., 12TH FL	OOR
6. The name and street address of the new registered a (if changed):  Corporate Creations Network Inc.	igent (if changed) and /or registered office
11380 Prosperity Farms Road #2215	
(P.O. Box Not accepte Palm Beach Gardens FL 33410	able)
The street address of its registered office and the stragent, as changed will be identical.	reet address of the business office of its registered
Such change was authorized by resolution duly add authorized by the board, or the corporation has been n	opted by its board of directors or by an officer sc lotified in writing of the change.
A - AUMON	by S. Simons as attorney-in-fact
(Signature of an officer or director)	(Printed or Typed name and title)
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of a performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to the hereby confirm that the corporation has been notified	all statutes relative to the proper and complete accept the obligation of my position as registered reflect a change in the registered office address, I
(Signature of Registered Agent)	March 30, 2009 (Date)
If signing on behalf of an entity:	•
Samantha Simons, Special Secretary (Typed or Printed Name)	
MAKE CHIECUTO DAVADI E TO	DI ODIDA DEDADEMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107