

To: Florida Dept. of State
Subject: 001448.76423.10

Tom Ashby Smith

Friday, June 22, 2007 4:24 PM Page: 1 of 2

A95000000514

Florida Department of State
Division of Corporations
Public Access System

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.

((H07000164439 3)))



H070001644393ABC1

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) 205-0380

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001448.76423.10

REGISTERED AGENT CHANGE

WOW NATIONAL ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

07 JUN 22 AM 8:00

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 22 AM 11:01

Electronic Filing Menu

Corporate Filing Menu

Help

To: Florida Dept. of State
Subject: 001448.70423.10

From: Ashley Smith

Friday, June 22, 2007 12:24 PM Page: 2 of 2

H07000164439 3

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WOW National Associates, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/31/1995

Date of filing/registration in Florida

3. A95000000514

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 S. Pine Island Road

Address

Plantation, FL

City, State and Zip

5. The name and Florida street address of the new registered agent and/or officer:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Sabrina
Signature of General Partner

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 obligations of my position as registered agent.

NRAI Services, Inc.

by: Sabrina
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 22 AM 11:01

H07000164439 3