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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: PARAGON ASSET RECOVERY SERVICES INC.

Name of Corporation

DOCUMENT NUMBER: F09000002088

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AIMEE VASQUEZ

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

ars@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AIMEE VASQUEZ

<sub>...</sub>888 \705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of PENNSYLVANIA
1. The name of the	to change its registered office or registered agent, or both, in the State of Florida.  he corporation: PARAGON ASSET RECOVERY SERVICES INC.
	office address: 420 ROUSER ROAD BUILDING 3, SUITE 300 OLIS, PA 15108
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 05/22/2009 Document number: F0900002088
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CORPORATION SERVICE COMPANY
	1201 HAYS STREET
	TALLAHASSEE, FL 32301-2525
6. The name and (if changed):	TALLAHASSEE, FL 32301-2525  street address of the new registered agent (if changed) and /or registered office  Registered Agent Solutions, Inc.  155 Office Plaza Dr. Suite A
	Registered Agent Solutions, Inc.
	155 Office Plaza Dr. Suite A  P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	DANIEL WEIR, SECRETARY Printed or typed name and little
agent. Or. it thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign Sign If signing on bel	nature of Registered agent    Calculation of Registered agent   Date
•	ht, Asst. Secretary
Ту	ped or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*