## F9400003325

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(Cit	ty/State/Zip/Phone	÷ #)		
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ASP 1/16/09



CORPORATION SERVICE COMPANY ACCOUNT NO. : 072100000032

REFERENCE : 85,9685/

AUTHORIZATION : C

COST LIMIT

ORDER DATE: January 16, 2009

ORDER TIME : 10:08 AM

ORDER NO. : 859685-145

CUSTOMER NO: 4385593

## CHANGE OF AGENT

NAME:

PARAGON STRATEGIC SOLUTIONS

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

## $^{\prime\prime}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of _	Delaware
	the corporation: PARAGON STRA		
2. The principal	office address:		
<u> </u>	address (if different):		
4. Date of incor	poration/qualification: 06/23/1994	Document number: F94000	0003325
	d street address of the current registered as rtment of State:	gent and registered office on file wit	h the
	C T Corporation System		SEC ALL
	1200 South Pine Island Road		FIL 1009 JAN 16 SECRETARY ALLAHASSE
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered offi	PH IZ: 30
	Corporation Service Company	<i>I</i>	•
•	1201 Hays Street		_
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		-
The street addreas changed will	ess of its registered office and the street be identical.	address of the business office of its	s registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an tified in writing of the change.	officer so
Signati	ure of an officer or director)	Maureen Cullen, Attorney (Printed or typed name and to	,
I hereby accept I further agree of my duties, an document is bei corporation has Corpora	the appointment as registered agent anto comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. tion Service Company	d agree to act in this capacity. utes relative to the proper and com igation of my position as registered e registered office address, I hereb	plete performance I agent. Or, if this y confirm that the
By: S	~ Cu	January 13, 2009	
(Si	gnature of Registered Agent)	(Datc)	
If signing on be	chalf of an entity:		
	opet, Asst. VP		
(*)	Γyped or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)