

CORPORATE  
ACCESS,  
INC.

F95000001239

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 3/7/00

CERTIFIED COPY

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☒ FILING RA

1.) PARAGON BioMedical, Inc.  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of CALIFORNIA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: PARAGON BIOMEDICAL, INC.
2. The mailing address of the corporation is: 2603 MAIN STREET, IRVINE, CA 92614
3. Date of incorporation/qualification: 3/15/95 Document number: F95000001239
4. The name and address of the current registered agent and office:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Annel Z. Bohn

(Signature of an officer, chairman or vice chairman of the board)

2/25/2000

(Date)

Annel Bohn, CFO

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Denise Zollner

(Signature of Registered Agent)

(Date)

1/22/00

DENISE ZOLLNER, ASSISTANT SECRETARY  
If signing on behalf of an entity:

Denise Zollner

(Typed or Printed Name)

Assistant Secretary  
(Capacity)

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