Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Name

: PARCORP SERVICES, LTD.

Account Number : Il9990000011

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: (727)320-9848

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PARCORP



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 13, 1999

PARCORP SERVICES, LTD. INCORPORATED 11016 SOUTHWEST HWY PALOS HILLS, IL 60465

SUBJECT: PARCORP SERVICES, LTD. INCORPORATED

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Darlene Connell Corporate Specialist FAX Aud. #: H99000020251 Letter Number: 599A00D41098

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FAX AUDIT NO. (((H99000020251 7)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.150 the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered off the State of Florida. 1. The name of the corporation is: PARCORP SERVICES, LTD.	ce or registered agent, or both, in
2. The mailing address of the corporation is: PMB 258 - 13799 P.	ARK BLVD. N.
SEMINOLE, FLORIDA 33776	
3. Date of incorporation/qualification: JAN 26, 1999 Docu	ment number: <u>F9900000500</u>
4. The name and address of the current registered agent and office:	
MICHAEL J. JAGODA	TAR 99
11403 3RD STREET NORTH, UNIT 3	
ST. PETERSBURG, FL 33716	HASSE
5. The name and address of the new registered agent and office: (P. C); Box Not Acceptable) $\underset{\leftarrow}{\text{H}}$
MICHAEL J. JAGODA	
8055 123RD STREET NORTH	STATI STATI
SEMINOLE, FLORIDA 33772	
The street address of its registered office and the street address of tagent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its boar authorized by the board	d of directors or by an officer so
// hallander-	AUGUST 12, 1999
(Signature of the officers chairman or vice chairman of the board)	
MICHAEL J. JAGODA, VICE PRESIDENT (Printed or typed name and title)	
Having been named as registered agent and to accept service of proporation, I hereby accept the appointment as registered agent. I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the oregistered agent.	rocess for the above stated and agree to act in this capacity. e to the proper and complete bligation of my position as AUGUST 12, 1999
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * *	*
CR2E045(7/97) Division of Corporations P.O. Box 6327	TALLAHASSEE, FL 32314
Parcorp Services, Ltd. / Michael J. Jagoda, Phone 727-320-9848 PMB 258 * 13799 Park Blvd. N., Seminole, FL 33776 FAX AUDIT NO. (((H99000020251 7)))	