

Division of Corporations

# L000000014197

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (350) 617-6383

From:

Account Name : CUMMINGS & LOCKWOOD, LLC  
Account Number : 102336001190  
Phone : (239) 649-3101  
Fax Number : (239) 430-3344

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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: clasp@cl-law.com

## LLC REGISTERED AGENT CHANGE PAAS ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALLY  
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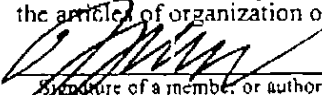
# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PAAS ENTERPRISES, LLC
2. (a) c/o Cummings & Lockwood LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
8000 Health Center Boulevard, Suite 300  
Bonita Springs, FL 34135
- (b) c/o Cummings & Lockwood LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
8000 Health Center Boulevard, Suite 300  
Bonita Springs, FL 34135
3. November 16, 2000  
Date of filing/registration in Florida
4. L00000014197  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Lucille A. Paas  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
745 Parkview Lane  
Naples, FL 34103
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
CLASP, Inc.  
NEW Registered Office Address:  
3001 Tamiami Trail North, Suite 400  
Naples, FL 34103

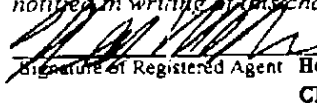
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TALLAHASSEE, FL 32310

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member, or authorized representative of a member

Howard M. Hujsa, Authorized Representative  
Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent Howard M. Hujsa, Vice President  
CLASP, Inc.

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