

DOCUMENT# L07000055336

Entity Name: PROFESSIONAL ASSOCIATIONS USA LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ABRAHAMSON, LEE M
2639 MCCORMICK DRIVE
CLEARWATER, FL 33759 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ABRAHAMSON, LEE M
Address: 2639 MCCORMICK DR
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEE M ABRAHAMSON

MGRM

04/18/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date