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PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

April 5, 2007

RE: Alternative Service Concepts, LLC

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Maggie Ferdinand – <u>maggie@paranetlegal.com</u>

Paranet Job No. 07-03-0481

Please file/submit the following on behalf of the above:

- 1. Change of Agent Application for each of the above
- 2. Check No. <u>88716</u> Amount \$25.00

After filing return evidence by:

- 1. Fax (800) 277-9977
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is	Alternative Service Concepts, LLC	,
2. The mailing address of the limited liability c		·
5/2/2002	M02000001158	<u> </u>
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent age	stered office address as shown on th	e records of the
CT Corporation System	n	
	Name	
1200 S. Pine Island Ro		
Diagtotica El 22004	Address	0
Plantation, FL 33324 City	, State and Zip	SEC SEC
6. The name and address of the new registered agent and/or office:		CRETAR ION OF C
NRAI Services, Inc.		
Name 2731 Executive Park Drive, Suite 4		OF STATE
Florida street addres	ss (P.O. Box NOT acceptable)	,46
Weston	FL 33331	- 4
City, S	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability c	nade, the Florida street address of the rill be identical. Or, in the case of a let change(s) was/were authorized by a so otherwise provided in the articles	e registered office Florida limited
(Signature of a member or authorized epresentative of a memb	er)	
Teela C. Stephens		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability NRAI Services. Incompany of the confirmation of Registered Agent)	gent and agree to act in this capacite to the proper and complete performs of my position as registered agent filed to merely reflect a change in the ty company has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ting of this change.

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

INHS18(10/99) FILING FEE: \$25.00