M07000003411

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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08 JAN 25 AM II: 57

SECRETARY OF STATE DIVISION OF CORPORATION

J. BRYAN

JAN 28 2008

EXAMINER

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

January 18, 2008

RE: PAH Acquisitions, LLC

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

RE: Maggie Ferdinand – maggie@paranetlegal.com
Paranet Job No. 08-01-0021

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

1. Change of Agent Application for each of the above
2. Check No. 90269 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 limit	ed liability company i	S: PAH ACQUISITIONS, LLC		<u> </u>
2. The mailing address of	of the limited liability	company is :		
4401 NORTHSIDE PKWY	., SUITE 800, ATLANTA	A, GA 30327		
6/6/2007 M07000003411 3. Date of filing/registration in Florida 4. Document n				
3. Date of filing/registra	tion in Florida	4. Document number		
5. The name of the regist Florida Department of		gistered office address as shown on the records	of the	•
	CT Corporation Syste			
		Name		
	1200 South Pine Isla			
		Address	80	2
	Plantation, FL 33324	y, State and Zip		SEC
		-	JAN	经常
6. The name and address of the new registered agent and/or office:		agent and/or office:	25	무준
	NRAI Services, Inc.		200	
	14744 06141003, 1110.	Name	AM II: 57	OR SI
	2731 Executive Park	Drive, Suite 4	<u></u>	AAA
	Florida street addre	ess (P.O. Box NOT acceptable)	Ü	SNG
	_Weston	FL 33331		
		, State and Zip		
confirmed that after the cand the business office o liability company, it is he of the members of the lipopthe operating agreeme by:	change or changes are f the registered agent ereby confirmed that t mited liability comparent of the limited liability from the liability		red off imited native	vote
Sherry W. Cohen				
(Printed or typed name of signee		t to the second of the second	l	
I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. Of, if address, I hereby comirn NRAI Services. Inc. (Signature of Registered Agent) Maggie Ferdinand	oiniment as registered ns of all statutes relating accept the obligation this document is being that the limited liabi	agent and agree to act in this capacity. I furt ive to the proper and complete performance of ons of my position as registered agent as provi g filed to merely reflect a change in the registe lity company has been notified in writing of th	ner ag my di ided fo red of is cha	ree 10 uties, yr in fice nge.
Divisi	on of Corporations,	P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (8/05)