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SECRETARY OF STATE
PALLAHASSEE, FI OR 10.

ORDINA, OR

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Fonda
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Paradise Pointe II Condominium Association
2. The principal office address: GO GPN Inc., P.O. Box 151845, Cape Coral
TC 33915
3. The mailing address (if different): Dane
14 0
4. Date of incorporation/qualification: Noy 2003 Document number: NO30000 4729
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
James W. Hart fr.
2180 W. State Road 434 Ste 5000 ER & 7
Songer and FR 32779-5044 SEA & F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): PAQUA QUO 100 Clo GPM Anc. STATE 36
3645 SE 8th PLACE
(P.O. Box NOT acceptable)
Cape War Fe 33904
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an-officer or director) (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Totalo Cignature of Registered Agent) (Date)
If signing on behalf of an entity:
GPH (Typed or Printed Name)
(1) ped of 1 fillion frame)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(8/05)

* * * FILING FEE: \$35.00 * * *

CR2E045 (8/05)

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