

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CUMMINGS & LOCKWOOD
Account Number : 102336001100
Phone : (239) 649-3186
Fax Number : (239) 263-0703

REGISTERED AGENT CHANGE

LATIS II, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED GENT 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 corporate organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **LATIS II, INC.**
2. The principal office address: **800 HEALTH CENTER BOULEVARD, SUITE 300; BONITA SPRINGS, FL 34135**
3. The mailing address (if different): **3325 FRENCH PARK DRIVE, SUITE 1, C/O HSPG; EDMOND, OK 73034**
4. Date of incorporation/qualification: **11.16.2001** Document Number: **P01000110235**

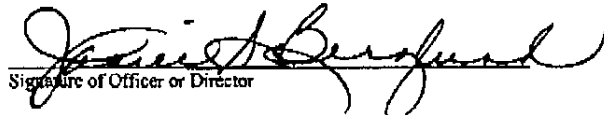
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**WILLIAM N. HOROWITZ
24311 WALDEN CENTER DRIVE, #201
BONITA SPRINGS, FL 34134**

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
**CLASP, INC.
3001 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FL 34103**

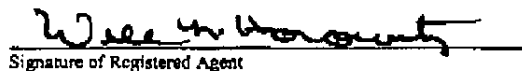
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 Officer or Director

Janice S. Berglund, President
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. Of, 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.


Signature of Registered Agent

July 19, 2007
Date

If signing on behalf of an entity:

William N. Horowitz, Vice President
Typed or Printed Name

*****Filing Fee: \$35.00*****

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**
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