ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 CUS CERTIFIED COPY_ РНОТО СОРУ (CORPORATE NAME & DOCUMENT #) .800002782308--9 -02/22/99--01028--023 *****35.00 *****35.00 (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS_

68 833 35

Florida Department of State, Sandra B. Mortham, Secretary of State

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, 6	or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State ofFI	ORIDA
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 corporation is: PARALLEL PRODUCTS OF FLO	DRIDA, INC.
2. The mailing address of the corporation is: 411 NORTH SAM HOUS	STON PKWY EAST, SUITE 400
HOUSTON, TX 92274	
3. Date of incorporation/qualification: 2/19/98 Docume	nt number: P98000016206
4. The name and address of the current registered agent and office:	14.
NATIONSCORP REGISTERED AGENTS, INC.	
526 E. PARK AVENUE	A
TALLAHASSEE, FL 32301	
5. The name and address of the new registered agent and office: (P. O. Bo	ox.Not Acceptable) ≧ □
PARACORP INCORPORATED	
	DE 07
236 EAST 6TH AVENUE	·
TALLAHASSEE, FL. 32303	
The street address of its registered office and the street address of the agent, as changed, will be identical.	business office of its registered
Such change was authorized by resolution duly adopted by its board of authorized by the board.	f directors or by an officer so
Signature of an officer, chairman of vice chairman of the board)	(Date)
Sanior Vice President	10/22/28
-(Printed or typed name and title):	(Date)
Having been named as registered agent and to accept service of processory of processory of the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obligations.	l agree to act in this capacity. The proper and complete
Demis Bollow	(Date) (Date)
(Signature of Registered Agent)	(Date)
DENISE ZOLLNER, ASSISTANT SECRETARY If signing on behalf of an entity:	· • ·
(Typed or Printed Name)	(Capacity)

FILING FEE: \$35.00

CR2E045(4/95)