

P99000075830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

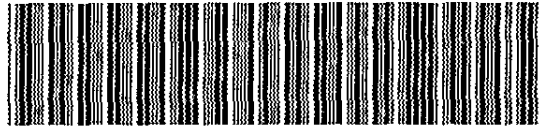
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/03--01128--002 **35.00

FILED
03 SEP 29 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-6
00. Kanna



Paragon Mortgage Inc.
Residential Mortgage Finance

Paragon Commercial Capital
Commercial Mortgage Finance

Headquarters:
3105 W. Waters Avenue
Suites 107
Tampa, FL 33614
Ph. (813) 936-5100
Fax. (813) 936-5700

Local Offices:

5304 Main Street
New Port Richey, FL 34652
Ph. (727) 815-1100
Fax: (727) 815-1105

100 2nd St. South #200-S
St. Petersburg, FL 33701
Ph. (727) 822-2830
Fax. (727) 822-2836

Email:
info@bankonparagon.com

Internet:
www.BankOnParagon.com

September 26, 2003

Amendment Section
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Change Registered Office/Agent

Dear Sir or Madam:

Please find attached the following:

1. Statement of Registered Office/Registered Agent for A Plus Processing, Inc., and check #4448 in the amount of \$35.00 for filing fee.
2. Statement of Registered Office/Registered Agent for Paragon Mortgage, Inc., and check #4446 in the amount of \$35.00 for filing fee.
3. Statement of Registered Office/Registered Agent for Suncoast Property & Investments, Inc., and check #1920 in the amount of \$35.00 for filing fee.
4. Statement of Registered Office/Registered Agent for Suncoast Property 2, LLC and check #1325 in the amount of \$25.00 for filing fee.
5. Statement of Registered Office/Registered Agent for Paragon Properties LLC and check #1129 in the amount of \$25.00 for filing fee.
6. Statement of Registered Office/Registered Agent for Standard Property Solutions, LLC and check #1130 in the amount of \$25.00 for filing fee.

Sincerely,


Norma E. Moisa
Business Manager

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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A Plus Processing Inc.

2. The principal office address: 3105 W. Waters Avenue, Suite 107, Tampa, FL 33614

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/25/1999 Document number: P99000075830

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

Santosh Govindaraju

8910 N. Dale Mabry Hwy., Ste 38

Tampa, FL 33614

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Santosh Govindaraju

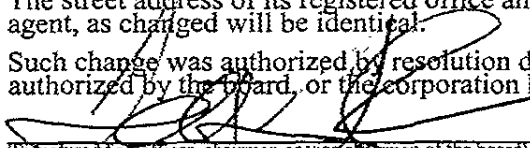
3105 W. Waters Avenue, Suite 107

(P.O. Box or personal mailbox NOT acceptable)

Tampa, FL 33614

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

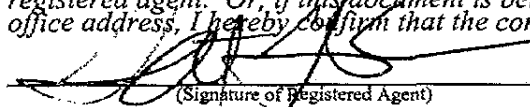
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Santosh Govindaraju, 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. 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.


(Signature of Registered Agent)

09/22/2003

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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