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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE PARAGON INDUSTRIES II, INC.

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

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of Nevada egistered agent, or both, in the State of Florida.	this		
1. The name of t	he corporation: PARAGON INDUST	TRIES II, INC.			
2. The principal	2. The principal office address: 8313 BAYCENTER RD JACKSONVILLE, FL 32256				
3. The mailing a	ddress (if different): 4285 N GOLDE	EN STATE BLVD FRESNO, CA 93722			
4. Date of incorp	ooration/qualification: 09/18/2012	Document number: F12000003835			
	street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with the signed)			
	NRAI SERVICES, INC				
	1200 South Pine Island Road		TAL S	∾	
	Plantation, FL 33324		EORE LAH,	021 M(	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			iARY OI ASSEE,	2021 NOV -4	
	C T Corporation System		F ST	Ā	
	1200 South Pine Island Road		AIE RID/	AM 11: 03	
P.O. Box NOT acceptable					
	Plantation, Florida 33324				
The street addre	ss of its registered office and the st be identical.	rect address of the business office of its registe	red agent,		
Such change wa authorized by th	is authorized by resolution duly addie board, or the corporation has bee	opted by its board of directors or by an officer's a notified in writing of the change.	(O		
& kni	e Bell	Denise Bell Attorney in Fact			
	e of all officer or director	Printed or typed name and little			
I further agrée i of my duties, an document is bei	d I am familiar with and accept the ny filed merely to reflect a change t been notified in writing of this cha	statutes relative to the proper and complete pe obligation of my position as registered agent, in the registered office address, I hereby confin	rformance Or, if this m that the		
KMXED	LL.	11/3/2021			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Kristin Bolden					
T	ped or Printed Name				