Florida Department of State Mivision of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000138788 3)))



H240001387883ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter: the email address for this business entity to be used for future at an address please.

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE PARAMOUNT CONSTRUCTION PURCHASING GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

K. SALY APR 1 8 2024

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PARAMOUNT CONSTRUCTION PURCHASING GROUP INC Name of Corporation DOCUMENT NUMBER: F15000001199 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marlene Calderon Name of Contact Person InCorp Services, Inc. Firm/Company 3773 Howard Hughes Pkwy. Suite 500S Address Las Vegas, NV 89169-6014 City/State and Zip Code documents@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Marlene Calderonon behalf of InCorp Services, Inc. at 800-246-2677

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Contact Person

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

Area Code & Davtine Telephone Number

CR2E045 (04/13)

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

statement of ci	range is submitted for a co	rporation organiza	007,1508, or 617,1508, F16 d under the laws of the Stat d agent, or both, in the Stat	te of <u>Delaware</u>
			UCTION GROUP, INC.	
2. The principa	al office address: 4 Resea	arch DriveSuite 4	02 #121	
	Sheltor	n, CT 06484		**************************************
4. Date of inco	orporation/qualification:	03/20/2015	Document number:	F15000001199
	nd street address of the cur artment of State: (If resign		at and registered office on f	ile with the
	BUSINESS FILINGS INCORPORATED			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name a (if changed)		w registered agent (if changed) and /or register	ed office
	InCorp Services, Inc			<u>.</u>
	3458 Lakeshore Driv	'e		
			OT acceptable	
	Tallahassee, FL 323	12		
The street add	ress of its registered offic Il be identical.	e and the street add	lress of the business office	of its registered agent,
Such change authorized by	was authorized by resoluti the board, or the corporat	on duly adopted by ion has been notifi	t its board of directors or bed in writing of the change	oy an officer so e.
			Olivia Benson, Compliar	nce Analyst
· ·	thre of an officer or director		Printed or typed name	
I further agree of my duties, a document is b	e to comply with the provi	sions of all statute. I accept the obliga it a change in the re	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I	d complete vertormance
Cant Ser			04/15/2	024
	ignatize of Registered Agent		Date	
lf signing on l	pehalf of an entity:			
Louise Breyten	bach on behaif of InCorp Serv	ices, inc.		
	Typed or Frinted Name			
	*	* * FILING FEE:	\$35.00 ^ ^ ^	

Make crecks payable to Floreda Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314