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To:

Division of Corporations

Eax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

PARAMOU

Certific

duress:_____

REGISTERED AGENT CHANGE PARAMOUNT DIE COMPANY OF MARYLAND, INC.

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

statement of ch	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi er to change its registered office or register	zed under the laws of the State of Marylan	ad	_
	the corporation: PARAMOUNT DIE C			
	office address: 1306 CONTINENTAL			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 04/26/17	Document number: F1700000194	14	
	d street address of the current registered ag rtment of State: (If resigned, enter resigned			
	DANIEL HOWARD			
	5179 BEACHWALK DR		(7	202
	MIRAMAR BEACH, FL 3255	50		2022 HAR
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	÷	7 P:
	Registered Agents Inc.			
	7901 4th St N STE 300		-	6 0
	St. Petersburg FL 33702	NOT acceptable		
The street addr as changed wil	ess of its registered office and the street a l be identical.	iddress of the business office of its regist	ered ag	gent.
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	so	
<u>Michael</u> Signati	Sheehan Tre of an officer or director	Michael Sheehan -ST		
I further agree of my duties, a document is be	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	erform Or, if rm that	ance this the
Bee Hum		03/10/2022		
Si	gnature of Registered Agent	Date		_
If signing on b	chalf of an entity:			
Bill Havre				
	Typed or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)