L14000011649

(Requestor's Name)									
(requester a realist,									
(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



600393950116

2022 SEP 16 MH 9: 17

COVER LETTER

	gistration Section vision of Corporations			•				
SUBJECT	PARAMOUNT TITLE, LLC							
SOBJECT	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclos	ed Registered Agent/Registered (Office Change a	d fee(s) are submitted for filing.					
Please retu	rn all correspondence concerning	this matter to th	e following:					
Wayne Har	тell							
	Name of Person	, -	<u> </u>	2027				
BPM SOLU	JTIONS, LLC			2022 SEP 16				
	Firm/Company			. 16				
1605 S AL	EXANDER ST, SUITE #102			AI S				
	Address			9: 17				
PLANT C	ITY, FL 33563							
	City/State and Zip Cod	e						
payables@	bpm-sol.com							
E-ma	il address: (to be used for future	annual report no	ification)					
For further	information concerning this mat	ter, please call:						
Michael La	Rosa	813 at (382-3880					
	Name of Person	ar (Area Code & Daytime Teleph	none Number				
Re Di P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303					
Et	iclosed is a check for the follow	ing amount:						
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: PARAMOUNT T	TTLE	, LL	.C			
2. (a)	1605 SOUTH ALEXANDER ST		(b) 1605 SOUTH ALEXANDER ST				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	/	Mailing address of limited (Note: MAY BE POST		
	SUITE 102			SUITE	102		
	PLANT CITY, FL 33563	_		PLANT	CITY, FL 33563		
	01/02/2014			L1400001	11649		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a	Holloway Law, P.A.						
2. (u	Registered Agent and Registered Office shown on the records of 1605 SOUTH ALEXANDER ST	the Flo	orida	Dept. of S	tate:		
	Registered Office Address (MUST BE FLORIDA STREET)	1DDR	ESS	3)	_		
	SUITE 102					~	
	PLANT CITY	3356	3		_	2022 SEP	
	, FL			_		SEP	•
(b)	BPM SOLUTIONS, LLC					6	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Offic	e ad	<u>dress</u> ;	-	HA	i e
	1605 S ALEXANDER ST			_		9.	
	NEW Registered Office Address:					17	
	SUITE #102	_					
	PLANT CITY, FI	3356	3				
chang agent was/v	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regis ability of the limit	stere y cc lim ed l	ed office ompany, i nited liabi iability c	and the business office t is hereby confirmed the lity company or as othe ompany.	of the re hat the cl erwise pr	gistered nange(s)
	///	-	Mic	hael LaRo	osa, as COO of Managing		·
I here provise the old to me notification.	ature of a member or authorized representative of a member seby accept the appointment as registered agent and agrasions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I want to be a complete of this change. As CFO of R.A.	73/2027	arm.	anco at m	n) mittae mm i am tami	e to comp iliar with	ana accem