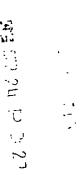
LBWH32-1

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Special Instructions to F	iling Officer:	<u></u>		

Office Use Only



09/24/18--01048--031 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SHRI	ECT: Paramount Trials, LLC Name of Limited Liability Company				
5005					
Dear 9	Sir or Madam:				
The e	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please	e return all correspondence concerning	this matter to the following:			
	Xavier Aramburu				
	Name of Person				
	Firm/Company				
	8345 NW 64 Street	<u>;</u>			
	Address				
	Miami, FL 33166	ነ. የን ሀ			
	City/State and Zip Code				
	gpmgrp@gmail.com	1			
	E-mail address: (to be used for future a	nnual report notification)			
For fu	rther information concerning this matt	er, please call:			
	Xavier Aramburu	at (305)804-9851			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the followi	ng amount:			
	\$25 Filing Fee	☐ \$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.

Paramount Trials, LLC 1. Name of the limited liability company:					
	8345 NW 64 STREET. Miami, FL 33166		(b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 -	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	06/11/2018			L18000144307	
3					
3.	Date of filing/registration in Florida	•	4.	Document number	
5. (a)	XAVIER ARAMBURU	1 2.1 1	M 11 TS - 20		
	Registered Agent and Registered Office shown on the record	ds of the I	florida Dept. of S	late:	
	Registered Office Address (MUST BE FLORIDA STRI	FFT ADD	(DECC)		
	8345 NW 64 STREET	<u> </u>	<u>1(1,55)</u>	,	
			22166		
	Miami	, FL	33166	<u> </u>	
(b) <u>-</u>	MIGUEL PACHECO			<u>.</u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Off	ice address:	- 5	
	8345 NW 64 STREET			 -3	
	NEW Registered Office Address:		•	<u> </u>	
				_	
	Miami	. FL	33166		
the cha agent v was/we	imited liability company is not organized under the image or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membols of organization or the operating agreement of	ss of the ed liabil ers of th	registered off ity company, i e limited liabi	ice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in	
Signat	are of a member or authorized representative of a member	-	-	Printed or typed name of signee	
provisi the obl to merc notifiel	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as profix reflect a change in the registered office address in writing of this change.	l agrec i plete per vided fö ss. I here	to act in this c formance of n r in Chapter (thy confirm th	apacity. I further agree to comply with the w duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been	