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TO: Amendment Section Division of Corporations

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Paramount Commercial Finance INC. (Name of Corporation) SUBJECT:

DOCUMENT NUMBER: <u>PO600010895</u>

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:

Vincent Sour Parament Commercial Finance Inc. (Firm/Company) Robinwood DR (Address) LUNSWOOZ FL 32779 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (<u>407</u>) <u>618-3740</u> (Area Code & Daytime Telephone Number)

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>*Floricc*</u></sub> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Paramount Commercial Finance INC.	
2. The principal office address: SCO13 Sun Valley DR	
For Pierce #L 34951	
3. The mailing address (if different): 9 Robin wood DR	
Longwood, FL 32779	
4. Date of incorporation/qualification: 1-19 2006 Document number: P0600010895	

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Vincent Sowa
201 SW PORT ST LUCIE BLUE # 105
Port ST Lucie, FL 34984

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

(CENT Sun Valler (P.O. Box NOT acceptable) FC 3495-1 o co à

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Printed or typed hame and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

ignature of Registered Agent)

9-2-07-(Date)

FILEU SEORETARY OF

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)