(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	2 #)
(Cil	tyrotaterzipir none	z π <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nan	, ne)
(bu	isiness Entity Nan	ne,
(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:
•		

Office Use Only



800161751118

10/23/09--01017--014 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RAIRDICHS 10/10/09

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PARAMOUNT SUBJECTIONS & CONSULTIND Name of Corporation  DOCUMENT NUMBER: T9-1755 (CR2E045)
DOCUMENT NUMBER: F9-1765 (CR2E045)
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:
Name of Contact Person  PANAMOUNT Suspections  Firm/Company
1710 S.E 3 2/3 STREET Address
City/State and Zip Code
TFO2SHACO O AUL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  TOWN C. Fozshaw at (954) 965-1916  Name of Contact Person at (954) Area Code & Daytime Telephone Number
Name of Contact Person 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

statement of change	e is submitted for	is 607.0502, 617.0502 a corporation organi tered office or registe	ized under the	laws of the Sta	ite of <u>FLoz</u>	
		PARAMOUNT			Pousultin	y corp
2. The principal offi	ice address:		<u>'.W., 15.</u> 103	Nioni Mioni	Lales FL.	1 336/4
3. The mailing addr	ess (if different):					
4. Date of incorpora	ution/qualification	n: 2/27/0°	2 Docume	nt number:		
		e current registered ag signed, enter resigned		ered office on	file with the	
	YOSHU!	a Zamor	LA 9	25 N.W	1.82 Ne	
<u>#</u> /	114A N.	Mami FL. 3	33126		<del></del>	
6. The name and str (if changed):	eet address of the	e new registered agen	t (if changed)	and /or register	red office	SECRETARY OF TALL AHASSEE
_	1710	SE 3015 S	 Στ	<u>.</u>		SEE, FI
	Compan	P.O. Box NOT	acceptable	33060	<u> </u>	8: 27
The street address as changed will be	of its registered of identical.	office and the street	address of the	business offic	e of its register	red agent,
Such change was a authorized by the h	uthorized by researd, or the corp	olution duly adopted poration has been no			()	•
	an officer or director		_	C. Fozs/ Printed or typed nar	ne and fitte	CSISCAT
I hereby accept the I further agree to c of my duties, and I document is being , corporation has be	appointment as omply with the pan familiar will filed merely to reen potified in wr	registered agent and provisions of all stati h and accept the obli eflect a change in the iting of this change.	d agree to act ites relative to gation of my p e registered op	in this capaci the proper a position as reg ffice address,	ty. nd complete pe sistered agent. I hereby confiri	rformance Or, if this m that the
Signatu	re of Registered Agent			20/09 Date		<del></del>
If signing on behal			,			
Paran and Typed	or Printed Name	ious + Consi	Hing Co	rp.		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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