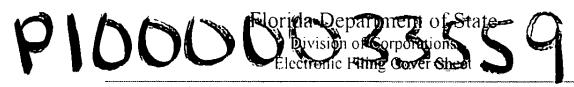
Division of Corporations



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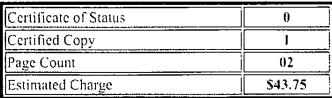
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (614)573-3996 Fax Number

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

Email Address:	

REGISTERED AGENT CHANGE PARAMOUNT CONSTRUCTION GROUP INC.



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To:

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.

L Na	tme of the limited liability company: PARA	MOUNT CONS	STRU	CTION GR	OUP INC				
2. (a)	200 GRAND REVD		(b) 200 GRAND BLVD						
,	Principal office address of limited liability co	· ·	ζ		dailing address of hi (Note: MAYBE)	-	•	-	
	TARPON SPRINGS, FL 34689			TARPON SPRINGS, FL 34689					_ _
	04/19/2010			P100000335	59				
3. 5. (a)	Date of filing/registration in Florid BRANDON ALLEN STANLEY	a 4.			Document numb	per		_	_
z. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 200 GRAND BLVD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				· ::				
	TARPON SPRINGS	, FL_3468	89						
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Offic	e add	ress:					
	NEW Registered Office Address: 1200 South Pine Island Road								
	Plantation	, FL	<u>5</u> 4						
the cha agent w was/we the arti	mited liability company is not organized und nge or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the n clesser organization or the operating agreem	address of the i limited liabilit nembers of the ent of the limit	regis ty co limi ted li	ered office npany, it is ted liability	and the business hereby confirmed company or as apany. They in Fact	s office of ed that the otherwise	the re chang provide ()	egistere g⊴ (s)	ed
I herel provisi the obl to mere	ure of a member of authorized representative of a member of a member of authorized representative of a member of all statutes relative to the proper and igations of my position as registered agent a live reflect a change in the registered office a lin writing of this change. CT Corporation System	nt and agree to complete perf is provided for iddress, I herel	())*******	nce ot my t	nuses ana ram i	gree to confamiliar wi document ity compan	-< aply s	ance	(/)

Signature of Registered Agent SEAN L. EMERICK, ASSISTANT SECRETARY