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| (Requestor's Name) | _ |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
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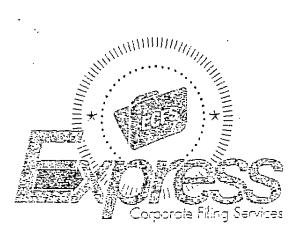
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1000 Ponce de Leon Blvd, Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

| ۰۰. | Paramount | Public Health & Research | | |
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| _ | (Comparation Name) | SE TUE OF COTE | | |
| 2. | (Campration Mame) | P11000011645 | | |
| .3. | | | | |
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| <u>ٿ</u> | (Corporation Name) | (Sosiment #) | | |
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| | | it Denotocopy Certificate of Status | | |
| - | | | | |
| | NEW FILINGS | ALCOMENTS : | | |
| | Profit | ✓ Amendment | | |
| - | NonFrefit | Resignation of R.A., Officer/ Director | | |
| | Limited Liability | Obenge of Registered Agent | | |
| _ | Domestication | Disselution/Withdrawal | | |
| | ractO | Merger | | |
| | | | | |
| | OTHER FILNGS | PEGISTRATION QUALIFICATION | | |
| | Annual Report | The same to be an active to the same to th | | |
| ! ' | Fioridious Name | Foreign | | |
| _ | Name Reservation | Limited Partnership | | |
| _ | | Reinstatement | | |
| | | | | |

Other

Articles of Amendment to Articles of Incorporation of

PARAMOUNT PUBLIC HEALTH & RESEARCH MANAGEMENT SERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P11000011645 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: LUZINES BOTERO Name of New Registered Agent 2451 BRICKELL AVENUE NO. 19L (Florida street address) MIAMI New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Do | <u>.</u> | |
|----------------------------|--------------|-------------|----------------|----------------------|
| X Remove | <u>v</u> | Mike Jones | | |
| _ <u>X</u> Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | S/T | | LUZINES BOTERO | 2451 BRICKELL AVENUE |
| X Add | <u> </u> | | | NO. 19L |
| Remove | | | | MIAMI, FL 33129 |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | <u></u> | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | | | |
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| Remove | | | | |

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| If an amendment provi provisions for impleme | des for an exch | ange, reclassif | ication, or cance | ellation of issued | shares, _f . |
| provisions for imprem- | ndicate N/A) | ament it not v | ontained in the | amenament RSCI | <u></u> |
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| The date of each amendment(s) | adoption: OCTOBER 08, 2012 |
|--|---|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | ist for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| ■ The amendment(s) was/were a action was not required. | adopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were a action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated OCT | OBER, 08, 2012 |
| Signature | (2h) |
| selec | a director, president or other office. If directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary) |
| | DR. FLORINDO DE LA HOZ GOMEZ |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |