Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000169069 3)))



H120001690693AFIC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: VIERA WILLIAMS, P.A.

Account Number : 120090000023

: (850)222-0013

Fax Number

: (850)222~9047

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

Email Address: RWILLIAMS @ VIERAWILLIAMS. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN PARAGON MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

'JUN 2 8 2012

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	Paragon Ma	anagement, Inc.	
DOCUMENT NUMBER: P	200004395	2	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	120000 1000		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amend	iment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this mat	tter to the following:	
Robe	rt S. William	S	
		Name of Contact Person	ı
Viera	Williams, P.	Α	
	,	Firm/ Company	
545 E	E. Tennesse	e Street, #200-B	
		Address	
Talla	hassee, FL (32308	
		City/ State and Zip Code	;
nvilliame	@vierawillia	me com	
		ed for future annual report	notification)
		, ,	
For further information concern	ing this matter, pleas	e call:	,
Robert S. Williams		at (850	2220013
Name of Contac	t Person	Area Cod	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	riment of State:
	3.75 Filing Fee & crtificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, J	Section orporations 7	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle
		Tallaha	issee, FL 32301

850-617-6381

_ ._.

6/27/2012 3:51:05 PM PAGE

1/001

Fax Server



June 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PARAGON MANAGEMENT, INC. 245 EAST VIRGINIA STREET TALLAHASSEE, FL 32301

SUBJECT: PARAGON MANAGEMENT, INC.

REF: P12000043952

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please add the document number to the amendment. Dort

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: E12000169069 Letter Number: 712A00017576

Rlease see attached. Thanks.



Articles of Amendment

to

Articles of Inco	orporation
Paragon Management, Inc.	Orporation Orida Dept. of State)
(Name of Corneration as currently filed with the F	lorida Dept. of State)
	2439 <i>5</i> 2
(Document Number of Corporation (if	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amondment(s) to
A. If amending name, enter the new name of the corporation:	
<u></u>	<i>The</i> new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "cword "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	515 West 8th Avenue
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32303
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BB A POST OFFICE BOX)	515 West 8th Avenue
•	Tallahassee, FL 32303
·	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
·	
(Florida str	eet address)
New Registered Office Address:	,Florida
(City)	(Zip Code)
·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New Registered A	Agens, if changing

Page 1 of 4

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 he 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 Doe	•
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	Pros	Philip Helland	515 Wos0th Avenue
Add Remove			Tallahassee, Florida 32303
		The state of	Ede March Andrea
2) Change Add	Sec .	Philip Holland	515 Wes8th Avonuo Tellahassee, Florida 32303
Remove			
3)Change	Trees.	Philip Holland	515 Wes8th Avenue
Add Remove		•	Tellahassee, Florida 32303
Remove			
4)Change			
Add			
Remove			
6) Ohanaa			
5) Change Add			
Remove			
б) Change Add			
Add Remove			

Lif amonding or adding additional Articles, onter change(s) here: (attach additional sheets, if necessary). (Be specific)		
N/A		
·	······································	
·		
	·	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
N/A		
		

The date of each amendment(s) ad	loption: June 20th, 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 ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast:	for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
action was not required. The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated	0-20-2012
Signature	73ffin
(By a di selector	rector, president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	H.B. Stivers
•	(Typed or printed name of person signing)
	Incorporator
•	(Title of person signing)