P12000062154

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARAMOUNT RENEW INC	NAME OF CORPORATION:	PARAMOUNT	RENEW	INC
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DOCUMENT NUMBER: P12000062154

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DENNIS RICE

Name of Contact Person

PARAMOUNT RENEW INC

Firm/ Company

12250 MENTA STREET, SUITE 202

ORLANDO, FL 32837

City/ State and Zip Code

denny@paramountrenew.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS RICE

Name of Contact Person

at (407) 486-0363
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate 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 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

Articles of Amendment to Articles of Incorporation

of .	
PARAMOUNT RENEW INC	:
(Name of Corporation as currently filed with the Florida Dept. of State)	, maios
P12000062154	7
(Document Number of Corporation (if known)	and the same
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s its Articles of Incorporation:	:) to
A. If amending name, enter the new name of the corporation:	
The new	
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 uddress MUST BE A STREET ADDRESS)	
(Trincipul office undress most 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:	
Name of New Registered Agent DENNIS RICE	
12250 MENTA ST, STE 202	
(Florida street address)	
New Registered Office Address: ORLANDO, Florida 32837	
(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

(City)

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> <u>Joh</u>	n Doe	•••
X Remove	<u>V</u> <u>Mil</u>	ke Jones	14 AUG SECROL ALL AHA
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address SA B
1) Change	PRE	DENNIS RICE	12250 MENTA ST_STE 202
Add			ORLANDO, FL 32837 -
Remove			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2) Change	PRE	NIDIA GUARIN	147 HARWOOD CIR
Add Add			KISSIMMEE, FL 34744
Remove 3) Change	VP	EDUARDO JARAMILLO	147 HARWOOD CIR
Add			KISSIMMEE, FL 34744
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· .		
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	1 E
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an amendment provides for an exchange, reclassification, or cancellation of issued	l shares,
provisions for implementing the amendment if not contained in the amendment itse	<u>lf:</u>
(if not applicable, indicate N/A)	
	<u> </u>
<u>, </u>	
	 -

The date of each amendment(s) adoption: 08/13/2014	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	7
(voting group)	3
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	3 18 PM 2: 5
	<u></u>
Dated 08/13/2014 Signature ////////////////////////////////////	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
NIDIA GUARIN	
(Typed or printed name of person signing)	•
PRESIDENT	
(Title of person signing)	-