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S TALLES'T OCT 2 5 2018



Amend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PARAGON PLAS	TICS INC				
DOCUMENT NUMB						
	f Amendment and fee are su	ibmitted for fil	ing.			
Please return all corresp	oondence concerning this ma	tter to the follo	owing:			
(CHRISTOPHER DAVIS					
_		Name of C	ontact Person	n		
ī	BREVARD ACCOUNTING GROUP, CPAs. PA					
-		Fimv	Company			
1	50 FORTENBERRY RD V	ILLA A				
-		Ac	dress			
3	MERRITT ISLAND, FLORI	IDA 32952				
-	·	City/ State	and Zip Cod	ů		
CJD@	BAGCPA.COM			,		
	E-mail address: (to be us	sed for future a	nnual report	notification)		
For further information	concerning this matter, pleas	se call:				
CHRISTOPHER DAV	at	321	de & Daytime Telephone Number			
Name of	Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the	Florida Depa	ertment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Addition enclosed)	Copy al copy is	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address				Address		
•	ndment Section ion of Corporations		Amendment Section			
Divis P.O. 1		Division of Corporations Clifton Building				
Tallal	2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with the Florida D	ept. of State	<u>:</u>)	
98000054530				
(Document Numb	per of Corporation (it known)			
cursuant to the provisions of section 607.1006, Florida Statutes, is Articles of Incorporation:	this Florida Profit Corporation	adopts the	following a	amendment(s)
. If amending name, enter the new name of the corporation	<u>n:</u>			
ROUT ENTERPRISE INC			J 7	he new
ame must be distinguishable and contain the word "corpo Corp.," "Inc." or Co.," or the designation "Corp," "Inc." ord "chartered," "professional association," or the abbrevian	or "Co". A professional corp	rporated" o oration nam	r the abb	reviation
Enter new principal office address, if applicable:	283 LEATHER FERN	LANE		 39
Principal office address MUST BE A STREET ADDRESS)	MERRITT ISLAND, F	LORIDA 32	<u></u> 953 <u></u>	loct
				5 =
			150 T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	283 LEATHER LANE		•	豊し
,	MERRITT ISLAND, FI	_ 32953		HHIII:
			ь.	 -
				
). If amending the registered agent and/or registered office new registered agent and/or the new registered office add		ame of the		
new registered agent and/or the new registered office add		ame of the		
new registered agent and/or the new registered office add Name of New Registered Agent	tress:	ame of the		
Name of New Registered Agent 283 LEATHER FERN	tress: Clane	ame of the		
Name of New Registered Agent 283 LEATHER FERM (Florid	tress:		20052	
Name of New Registered Agent 283 LEATHER FERN	tress: Clane		32953 (Zip Coc	

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 Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
‡) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

If amending or adding additional A Attach additional sheets, if necessary	v). (Be specific)			
				
				
				
		·		
				
		-		
				
				
		<u> </u>		
		_		
				<u> </u>
f an amendment provides for an ex	vchange, reclassifica	ntion, or cancellation	of issued shares.	
provisions for implementing the an (if not applicable, indicate N/A)	mendment if not cor	itained in the ameno	lment itself:	
(у пал арүтките, тикиге гогу)				
	-			
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				-
				

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The date of each amendment(s) adoption:, if date this document was signed.	other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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" (voting group)	
(voting group)	
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.	
Dated 10-8-16 Signature 1 Mass More	
Signature / Decel Mor	
(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 tiduciary by that tiduciary)	
DAVID TROUT	
(Typed or primed name of person signing)	
DIRECTOR	
(Title of person signing)	