L10000050799

(Requestor's Name)		
(Address)		
(Address)		
Premiere Consultin		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
· .		

Office Use Only

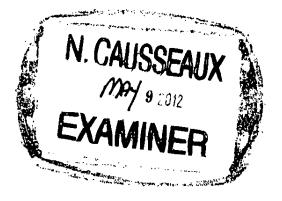


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10-50799 5412 AS. LUR OUR CONVERSATION I HAVE CNCLOSED THE CHECK FOR TWENTY Fire Domas AND FORM WHICH You REQUESTED. PLEASE REMOUE PUTER FIRSCHNERS NAME FROM THE SUN. BIZ WESSITE AS PREMIERE'S KEGISTERED ALENT ASAP. THANK YOU IN ADVANCE FOR OUR HELP AND PATIENCE. BEST KEGARDS. STUBENS

COVER LETTER

TO: Registration Section Division of Corporations		
	re Consulting LLC	
Name of Limi	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
•		
Stuart Rubens		
Name of Person		
Premiere Consulting Firm/Company		
Fitti/Compady		
3325 Hollywood Blvd		
Address		
Hollywood, Fl. 33021		
City/State and Zip Code		
E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, p	lease call:	
Stuart Rubens at		
Name of Person	Area Code & Daytime Telephone Number	
	•	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	141144113334, 1 101144 3231 1	
Enclosed is a check for the following amount:		
\$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company:	remiere Consulting LLC		
2. (a) Principal office address of limited liability compan	ay: 3325 Holly	3325 Hollywood Blvd	
(Note: MUST BE STREET ADDRESS)	Hallywood, Fl. 33021		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	3325 Hollywood Blvd Hollywood, Fl. 33021		
05/04/2012	L100000507	99	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida De	pt. of State:	
Registered Agent:	Peter Kirschner	12 TA	
Registered Office Address:	3325 Hollywood Blvd Hollywood, Fi. 33021	TO TO	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office addres	AH II: 34	
,			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3325 Hollywood Blvd		
	Hallywood	,FL <u>33021</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the re- ntical. Or, in the case of a Flor s) was/were authorized by an a	gistored office rida limited affirmative vote	
Peter Kirschner			
Printed or typed name of signee	- -	·	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant of a provision of all statutes relative to the plant of amiliar with and accept the obligations of my plant of the complete of the plant of the complete of the compl	agree to act in this capacity. roper and complete performan osition as registered agent as erely reflect a change in the re ny has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00