## PO3000 3/33

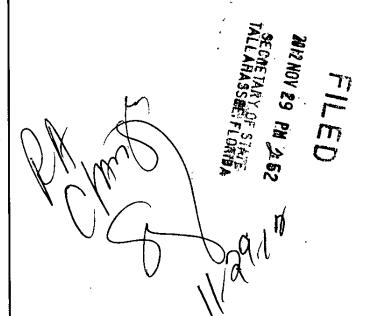
(Requestor's Name)				
(Ad	dress)			
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(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
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Special Instructions to Filing Officer:				
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ACCOUNT NO. : I2000000195				
REFERENCE : 433700 7911000				
AUTHORIZATION: Melbeleman				
COST LIMIT : \$ 35.00				
ORDER DATE: November 27, 2012				
ORDER TIME : 11:28 AM				
ORDER NO. : 433700-001				
CUSTOMER NO: 7911000				
CHANGE OF AGENT				
NAME: PREMIER BATHS, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Stephanie Milnes EXT# 52920				
EXAMINER:				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, t nized under the laws of the State of Florida ered agent, or both, in the State of Florida	this	
1. The name of	the corporation: PREMIER BATHS, I	NC.		
2. The principal 2330 A No	office address:ova Road, South Daytona, FL 32	119	<del></del>	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 03/21/2002	Document number: P02000031337	7	
	d street address of the current registered a treet of State: (If resigned, enter resigned	gent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324	ARE TA	E NOV E9	
6. The name and (if changed):		nt (if changed) and /or registered office	29 PM	
	Corporation Service Company		\$2 <b>65</b>	
	1201 Hays Street		~	
	P.O. Box NOT	acceptable		
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the street a be identical.	address of the business office of its registere	ed agent,	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Maureen Cathell, Vice President Printed or typed name and title		·		
performance of agent. Or, if thi hereby confirm	the appointment as registered agent and comply with the provisions of all statumy duties, and I am familiar with and act document is being filed merely to reflet that the corporation has been notified in Service Company	ccept the obligation of my position as regist ect a change in the revistered office address	ered , I	
By: Syl	nature of Registered Agent	November 20, 2012		
	half of an entity:	Date		
Sylvia Quepp	•			
	rped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314