#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

VP

#### SIGNATURE: JASON LORINO

Electronic Signature of Signing Officer/Director Detail

<u>2021</u>	FLORIDA	PROFIT	CORPOR	ATION	ANNUAL	REPORT

DOCUMENT# P06000034278

Entity Name: PREMIER SKYLINE, INC.

#### **Current Principal Place of Business:**

548 MARY ESTHER CUTOFF #212 FT. WALTON BEACH, FL 32548

# **Current Mailing Address:**

548 MARY ESTHER CUTOFF #212 FT. WALTON BEACH, FL 32548

### FEI Number: 27-0140704

### Name and Address of Current Registered Agent:

LORINO, JASON BRIAN 635 BIRKDALE CR EAST NICEVILLE, FL 32578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	JASON LORINO				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	GRINDLAND, MARK J	Name	LORINO, JASON B		
Address	9625 LEEWARD WAY	Address	635 BIRKDALE CIRCLE EAST		
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NICEVILLE FL 32578		

Certificate of Status Desired: No

03/19/2021

Date

# FILED Mar 19, 2021 Secretary of State 4966828706CC