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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

SIGNATURE: MANUEL A VIDAL

SUITE 1200 City-State-Zip: CORAL GABLES FL 33134

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	CEO	Title	MANAGING MEMBER
Name	VIDAL, MANUEL A	Name	VIDAL, DANIELLE M
Address	561 S MASHTA DR	Address	255 ALHAMBRA CIRCLE
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	SUITE 1200 CORAL GABLES FL 33134
Title	MANAGING MEMBER		
Name	VIDAL, MANUEL A JR.		
	,		
Address	255 ALHAMBRA CIRCLE		

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.

Name and Address of Current Registered Agent:

SCHIFFRIN, MICHAEL

1395 BRICKELL AVE.

MIAMI, FL 33131 US

SIGNATURE:

SUITE 800

SUITE 1010

Current Principal Place of Business:

2600 SOUTH DOUGLAS ROAD

2600 SOUTH DOUGLAS ROAD

SUITE 1010

CORAL GABLES, FL 33134

Current Mailing Address:

CORAL GABLES, FL 33134 US

FEI Number: 20-3436823

Entity Name: PREMIUM FINANCE GROUP, L.L.C.

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L05000065964

FILED Jun 02, 2020 Secretary of State 8904599313CC

Certificate of Status Desired: No

06/02/2020

Date