

B9300000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**DENNIS F. FAIRBANKS**

Attorney At Law

1600 Sarno Road, Suite 1  
Melbourne, Florida 32935  
dennisfairbanks@cfl.rr.com  
Office number: (321) 255-0143

January 25, 2018

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Premier Shopping Center Investments, Inc.  
The Florida Premier Group Limited Partnership

Dear Sir or Madam,

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for both of the above corporations and our firm checks in the amount of \$35.00 each representing the filing fees.

If you have any questions, please feel free to contact our office.

Thank you.

Very truly yours,

Dennis F. Fairbanks

DFE/bk

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. The Florida Premier Group Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/15/1993 3. B93000000022  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Mitchell S. Goldman  
Name  
96 Willard St., Ste. 302  
Address  
Cocoa, FL 32923-1807  
City, State and Zip


5. The name and Florida street address of the new registered agent and/or office:

Dennis F Fairbanks  
Name  
1600 Sarno Rd., Ste. 1  
Florida street address (P.O. Box not acceptable)  
Melbourne FL 32935  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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