B9300000000

(Requestor's Name)
(Address)
(Address)
(6) (6) (7) (9)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

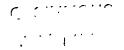
Office Use Only



200308414542

01/29/18--01012--027 ++35.00







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

DFF/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.

~ · 	he Florida Premier C		. 4	
Na	ame of Limited Partnership or I	Limited Liability Lir	nited Partnership	
2	1/15/1993	3	B93000000022	
Date of filing/registration in Florida			Florida document number	
4. The name of the re Department of State:	egistered agent and the register	ed office address as	shown on the records of the Florid	da
	Mitchell S	S. Goldman		_
	N	lame	p .	ر
	96 Willard	St., Ste. 302	•	-
	Ac	idress		
	Cocoa, FL	32923-1807		
	City, St	ate and Zip		
5. The name and Flo	rida street address of the new re	egistered agent and/	or office:	
	Dennis F	Fairbanks		
	N	lame		
	1600 Sarno	o Rd., Ste. 1		
	Florida street address (P.O. Box not accep	table)	
	Melbourne	FL	32935	
		ate and Zip		
6 Such change(s) is:	are effective when filed by the	Florida Danastmant	of State	
Δ · · · ·		r fortua iseparunene	of State.	
· · · · · · · · · · · · · · · · · · ·	- Wk	_		
Signature of General	Раппет			
comply with the prov	isions of all statutes relative to h an accept the obligations of n	the proper and com my position as regist	this capacity. I further agree to plete performance of my duties, tered agent.	
Signature of Register		_		
Filing Fee: Certified Copy (\$35.00 optional): \$52.50			