## F02000001547

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinoss Ends Tanto)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Michael Van Rossum authorized to correct
form.

Office Use Only



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R.A. Charge LFJ 2-13-03

## TRANSMITTAL LETTER

SUBJECT: Premiun Water Tro. (Name of corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael Van Bossum (Name of person)
Premium Waters Toc (Name of firm/company)
2520 Broadway St NE Swift 100
Minneopolis Min 55413 (City/state and zip code)
For further information concerning this matter, please call:
Mychael Van Bossum at (1013) 379 3531 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

· TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State
of Florida.  1. The name of the corporation: Premium Workers. Inc.
2. The principal office address: 3530 Broadway St NE Suite 100
Minneaple, MN 55413
3. The mailing address (if different):
SAME
4. Date of incorporation/qualification: 12/23/1994 Document number: F0200001547
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office from changed):  Michael Martinovich  24627 North Highway 21  (P.O. Box or personal mailbox NOT acceptable)  Orange Springs, FL 32182
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Gandonly CFG Gapy W Meyer RFG
(Righture of anotificer, chairman of vice chairman of the board)  I hereby accept the approintment 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address I hereby confirm that the corporation has been notified in writing of this change.  (Signature of Registered Agent)  (Signature of Registered Agent)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *)