Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850) 521-1000 Fax Number : (850) 558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE PREMIUM RETAIL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: PREMIUM RETAIL SERVICES, INC.	
	_
2. The priocipal office address: 618 Spirit Drive, Suite 200, Chesterfield, MO 63005	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 06/02/2004 Document number: F04000003064	_
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	450
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	37
Corporation Service Company	
1201 Hays Street	
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
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.	
By TRUES (Figuritation and their condition) (Finded or typed name and title)	
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 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.	
Corporation Service Company  By: Company Company (Date)  (Signature of Regulator Agent)	
If signing on behalf of an entity:	
Grace E. Kirby, Asst. V.P.  (Typed or Printed Name)	
(1 yped or 1 tracel (14ms)  * * * HIT INC PRE- \$15 M * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSRE, FL 32314

CR2E045 (8/05)