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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

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

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## REGISTERED AGENT CHANGE PREMIER TECH PRAIRIE, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida State ange is submitted for a corporation organized under the laws of the State of $^{\Lambda\Lambda}$ er to change its registered office or registered agent, or both, in the State of Flori	
1. The name of t	the corporation: PREMIER TECH PRAIRIE, INC.	
2. The principal	the corporation:	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 07/29/2019 Document number: F1900000348	9
	id street address of the current registered agent and registered office on file with thirtment of State: (If resigned, enterresigned)	ne
	NORTHWEST REGISTERED AGENT LLC	
	7901 4TH ST N., STE 300	202
	ST PETERSBURG, FL 33702	2024 JUN -3
6. The name and (ifchanged):	id street address of the new registered agent (if changed) and /or registered office	VENSS
	C T Corporation System	
	1200 South Pine Island Road	9: 02
	P.O. Box NOT acceptable	
	Plantation, Florida 33324	
The street address changed will	ress of its registered office and the street address of the business office of its reg I be identical.	gistered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an offi- he board, or the corporation has been notified in writing of the change.	cer so
Justie	E. Mon Trisha Gross, Treasurer	
Signatui	are of an officer or director Printed or typed name and fille	
I further agree t of my duties, an document is bei	I the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and completed at an familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby come be actively to the complete active and the property of the change.	te performance ent. Or, if this onfirm that the
C. i Corporation	04/01/2024	
Sigi	gnature of Registered Agent Date	
If signing on be	Kaity Toon, Asst. Secretary chalf of an entity:	
Denise Bell, Assi	sistant Secretary	
ry	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

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

CR2E045 (04/13)

Ву: