L02000023728

Ms. 627 Tuc	Jennifer Abaid 7 W Mesa Garden Di son AZ 85757	APCA		
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
		ļ		
i		į		
		İ		

Office Use Only



500059110575

09/06/05--01048--002 **25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

				_
		Premier Real Estate Soli		
2. The mailing address of the	limited liability compa	any is: 6277 W. Mesa Garc	len D	<u>r.</u> .
		Tucson, AZ 8574	tlo_	
09/12/02		L0200002372	18	
3. Date of filing/registration i	in Florida	4. Document number		
5. The name of the registered Florida Department of Stat		d office address as shown on the record	ls of the	
		L. Abaid		
		195th Ave.		
	Miramag	FL 33029 te and Zip	_	D
6. The name and address of the			05 SEP	SECE
	9000 Jac	aranda Lane 1205 O. Box NOT acceptable)	P-6 PM 2:21	FILED RETARY OF STATE N OF CORPORATIONS
confirmed that after the changand the business office of the	ge or changes are made registered agent will be confirmed that the cha ability company or as on the limited liability comp	er the laws of the State of Florida, it is to the Florida street address of the regist e identical. Or, in the case of a Florida ange(s) was/were authorized by an affir otherwise provided in the articles of orgony.	ered office limited mative vo	nte of
Jennifer L (Printed or typed name of signee)	. Abaid			
I hereby accept the appointm comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm tha	nent as registered agent fall statutes relative to exept the obligations of document is being filed at the limited liability co	t and agree to act in this capacity. I fu the proper and complete performance f my position as registered agent as pro it to merely reflect a change in the regis ompany has been notified in writing of	rther agre of my dut vided for stered offi this chan	e to ies, in ce ge.
(Signature of Registered Agent)	0.70	-		

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

FILING FEE: \$25.00

INHS18(10/99)