## 105000006306

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	. WAIT	MAIL
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(Document Number)		
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SECRETARY OF STATE ORDA

D. SCOTT

DEC 9 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: PREMIER INVESTMENT SY		
Nam	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	•
Please return all correspondence concerning thi	is matter to the following:	
MICHAEL ESPAILLAT		
Name of Person		
PREMIER PAYMENT SOLUTIONS		
Firm/Company		
2805 E OAKLAND PARK BLVD, STE 4	106	
Address		三治
FT LAUDERDALE, FL 33306		FILE PEC-8
City/State and Zip Code		LARY OF PA
INFO@GOPATM.COM		ED  8 PH 2: 36  YOF STATE SEE, FLORIOR
E-mail address: (to be used for future annu	ual report notification)	2:3
For further information concerning this matter,	please call:	Ø5. • 6
STEPHANY ARAUJO	954 923-8033 EX 0	
Name of Person	Area Code & Daytime Telephone I	Vumber
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

IVESTMENT SYSTEMS, LLC
(b) 2905 F OAKLAND PACK BLVD  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
STF 406
ft UNDERDATE, fl 3330W
L05000006306
4. Document number
f the Florida Dept. of State:
ADDRESS)
ABDRESS]
L 33312
ECRE E
d Office address:
ED BED
2: 36 LORIDA
L_33131
aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company, or as otherwise provided in a limited liability company.  Printed or typed name of signee aree to act in this capacity. I further agree to comply with the

Signature of Registered Agent