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(Requestor's Name)							
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(Only State/Zipi Hone #)							
PICK-UP	MAIT	MAIL					
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Certified Copies	Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:						
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COVER LETTER

Division of Corporations
SUBJECT: Premier Business Coroup LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Glenn Behr Name of Person
Premier Business Group, LLC Firm/Company
150 Spartan Drive. Suite 120 Address
Maitland, Fl 32751 City/State and Zip Code
City/State and Zip Code gbehr@premier Dizgroup. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Glenn Behr at (407) 415-0803 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□\$25 Filing Fee

Registration Section

TO:

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

F1	orida	a.					
1.	Na	ame of the limited liability company: <u>Premier</u>	Busin	ness Grou	P, LLC	·	-
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) _	Mailing addre	ess of limited liability com	pany:	<u>(</u>
		Suite 120		LONGWO	00, FL 3=	2779	_
		Maitland, FL 32751					-
		5/2/2005	<u> </u>		0044607		_
3.		Date of filing/registration in Florida	4.	Documen	t number		
5.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida D	ent, of State:			
		486 Winding Creek-	_				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)				
		LONGWOOD FL	3:	2779	TALL	2018 OCT	y
	(b)	Glenn S. Behr			2 - 12 120 f 2 - 12 f 2 - 12 f)CT	-
	ν-,	Enter name of NEW Registered Agent and/or NEW Registered O)ffice addre	255 :	čed. Rije	7	ا ا
		150 Spartan Drive			元 元	PH 3: &	ة ميحر الما
		NEW Registered Office Address:				th chi	
		Suite 120			*		
		Maitland .FL	32	75/			
the ag wa the	cha ent v is/we arti	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabeture of a member or authorized representative of a member	he registe bility com the limite	ered office and the b spany, it is hereby co ed liability company	ousiness office of the roonfirmed that the char y or as otherwise prov	egistered ige(s)	1
pro the to	ovisi v obl. merc	by accept the appointment as registered agent and agrecious of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I he din writing of this change.	e to act in performan for in Ch vreby con	r this capacity. I fin ce of my duties, and apter 605, F.S. Or, firm that the limited	rther agree to comply II am Jamiliar with a if this document is be I liability company ha	with the nd accep- ring filed s been	t

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent