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- Premier -		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. HAMPTON

MAR 1 3 2008

EXAMINER

CF 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.

1. The name of the limited liability company is: Premier Recity Advisors of T	locide	· uc
2. The mailing address of the limited liability company is:		<u>,</u> ,
2030 Douglas Road, Suite # 108, Coral Gables F1 33134	•	
2030 Douglas Road, Suite # 108, Coral Gables, F1 33134 2/24/06 3. Date of filing/registration in Florida 4. Document number		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records		
Florida Department of State:	or the	
Jane C Kinen Name		
1 101110		
12844 TAR Flower Drive Address		9
Tampa, Fl 33626 City: State and Zip	¥.	SECI /ISIO
6. The name and address of the new registered agent and/or office:)8 MAR 12	호유 유로구
Jorge Morera Name 2030 Douglas Road, Suite 108 Florida street address (P.O. Box NOT acceptable)	PM12: 15	ED Y OF STATE CORPORATIONS
2030 Douglas Road, Suite 108		ATIO ATIO
Florida street address (P.O. Box NOT acceptable)	0.	35
Coral Gables, FL 33134 City, State and Zip	·	
	•	
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida li liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or or the operating agreement of the limited liability company.	ed offici imited	
(Signature of a member or authorized representative of a member)	,	
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as providing the complete of the limited liability company has been notified in writing of the complete of t	ner agr my dui ded for red offi is chan	ee to ies, in ice ge.
(Signature of Registered Agent)		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00