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SECRETARY OF STATE TALLAHASSEE, FLORIDA



T. CLINE

JAN 15 2008

EXAMINER

De 2759

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: PREMIER INTERNATION (Name of Limite	ed Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
JACQUELINE A. SACQUES, ESQ, (Name of Person)					
JACQueline A. SACCINES, P.A.					
Firm/Company) 7711 Sw. 62 Nd Ave # 201	ECRETARY TARY				
(Address) MIAMI FL 33143	2008 JAN IL PHIZ: 37 SECRETARY OF STATE TALLAHASSEE. FLORID				
(City/State and Zip Code)	T _A				
For further information concerning this matter, pl	ease call:				
Jacqueline a. Salcinies at (
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following am	iount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

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.

8 ,	<i>y</i>							
1. The name of the lim	ited liability	company is	: Premi	<u>er '</u>	Internation	d H	oldings	uc
2. The mailing address	of the limit	ed liability c	ompany is :	·				
2911	Grand	Arenue	Surte	3A	Miam	FC	33133	
9 6 06 3. Date of filing/registr	ration in Flo	rida		4.	Lob 0000 Document number		59	
5. The name of the regin Florida Department of	of State:	Pone	hsteba Name	1, E	so.	he reco	rds of the	
6. The name and address	DACO.	v registered a	Name st lo 2 s (P.O. Box	office LINE	P.A. Ave # 201 acceptable)	SECKE JARY OF STALE TALLAHASSEE, FLORIDA	2008 JAN 14 PH12: 37	And the second s
	<u> </u>		FL 3: State and Zi		<u></u>	— <u>20</u> 66	37	
If the limited liability confirmed that after the and the business office liability company, it is lof the members of the or the operating agreem (Signature of a member or auth	change or cof the regist hereby confi- limited liabilient of the li	changes are mered agent warmed that the lity company mited liabilit	nade, the Flill be identice change(s) or as other y company.	orida : cal. C was/v wise t	street address of t Or, in the case of a vere authorized by	ida, it is he regis i Florida y an affi	hereby tered office limited rmative vo	te
(Printed or typed name of sign	•	•	gent and ac	aroo ta	act in this capac	ito I fa	rther acre	e to
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir (Signature of Registered Agent	L	itules relativi he obligation ient is being imited liabili	e to the pro is of my pos filed to mer ty company	per an ition c ely re has b	nd complete perfo as registered ager flect a change in een notified in wr	rmance it as pro the regis iting of	of my dution of my dution of my dution of the start of th	28, n e e.

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