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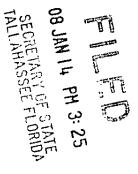
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TO: Registration Section Division of Corporations		
SUBJECT: PREMIER CREST (Name of Lim	Howines. LLC nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
JACQUELINE A. SALCINES	, Esq.	
(Name of Person)		
JACQUELINE A. SALCINES, P.	·A.	
(Firm/Company)	<del> </del>	
7711 S.W. 62 AVENUE #301		
(Address)		
MIAMI FL 33143		
(City/State and Zip Code)	. <del></del>	
For further information concerning this matter,	please call:	
JACQUELINE A. SALCINES a	t ( 305 ) 669.5280	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$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.

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•		Address		٦. ٥
	Coral Gal			ALL SEC
	City	, State and Zip	)	平高 至
The name and address	of the new registered a	agent and/or o	ffice:	75 <b>=</b>
	Tana			OB JAN 14 PM 3: 25 SECRETARY OF STATE TALLAHASSEE FLORIC
	Jacqueline	A. DAL	CINES, KA	بن من
	7711 SOUTHUL	Name	d An #20	- RT 7:
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	r fortua street addres	35 (1.O. DOX 1	(O1 acceptable)	<b>3</b> 20
	S. MIAMI	FL 33	143	
		State and Zip		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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