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LLC REGISTERED AGENT CHANGE PREMIER ASSURANCE GROUP, LLC

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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.

I. Na	ome of the limited liability company: PREMIER	RAS	SURA	NCE GROU	P, LL	C	
2. (a)	1901 Ponce De Leon Blvd.	(b) 1901 Ponce De Leon Blvd.					
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Coral Gables, FL 33134	_	Coral Ga	bles, FL 33134	***		
	08/24/07		L070000)86813			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Bello & Martinez PLLC						
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	:	₹		
	2850 Douglas Road #303					021	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				SE		
	-				AR SSI	2021 SEP 28	=
	Coral Gables	33134	1		1.05 1.05		FILED
					STA STA	AM 11: 19	
(b)	Registered Agents Inc.					- 9	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		_		
	7901 4th St N						
	NEW Registered Office Address:	·					
	STE 300						
	St. Petersburg	33702	2				
16.1				erida it is barabu ganf	Semail that	aftar	
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	the regi: ibility co f the lin	stered office ompany, it is nited liability	and the business office the company of as other the company or as other the company of the co	ce of the r at the chan	egister ige(s)	
the arti	icles of organization or the operating agreement of the			ipany.			
K ile	ture of a member or authorized representative of a member	HIIE	ey Park	Printed or typed name of:	signee		
I here provisi the obi to mer notified	by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It dim writing of this change. Bill Havre - Assistant	perform Lfor in (nereby c	ance of my a Chapter 605 onfirm that i	acity. I further agree	to comply	with th ad acco ing filo s been	he ept ed
Signatu	ire of Registered Agent						

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