## L130001107032

(Re	questor's Name)		
(Ad	dress)		
(Ád	idress)		
(Cit	ry/State/Zip/Phone	e #)	
☐ ЫСК-ЛЬ	TIAW	MAIL	
(Bu	siness Entity Nan	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		!	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:1	11/03/2020	
	Chris Vick	
Reference #:_		<u> </u>
Entity Name:_	PRIME	MINISTERS, LLC
Articles	s of Incorporation/Authorizatio	n to Transact Business
☐ Amend	ment	
✓ Change	e of Agent	
☐ Reinsta	atement	
☐ Conver	rsion	
Merger		
Dissolu	ıtion/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized An	noupt: \$25.00	

F: 800.944.6607

**PEUROPEAN HQ** 



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/03/2020	
	Chris Vick	
	1277712	
Entity Name	PRIMI	MINISTERS, LLC
Article	es of Incorporation/Authoriza	tion to Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Other	-	
Authorized A	Amount: \$25.00	

## **COVER LETTER**

TO:		tration Section on of Corporations			, .	•	
SUBJ	ECT: _			_	Ministe		······································
		Nam	e of I	in	nited Li	abilit	y Company
Dear S	Sir or M	adam:					
The cr	closed	Registered Agent/Registered Off	ice Ch	an	ge and	fee(s	) are submitted for filing.
Please	return a	all correspondence concerning the	s mat	ter	to the	follov	ving:
		Stefano D'Aniello					
		Name of Person					
		D'Aniello, PA					
		Firm/Company					
		2400 SW 58th Ave.					
		Address					
		Miami, FL 33155				_	
		City/State and Zip Code					
		sdaniello@daniellopa.com					
F	:-mail a	ddress: (to be used for future ann	ual re	poı	rt notifi	catio	n)
For fu	rther inf	formation concerning this matter,	please	e c	all:		
		Stefano D'Aniello	at (		646	)_	715-8865
		Name of Person				Arc	a Code & Daytime Telephone Number
	Regist Divisi Clifto 2661	ET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle tassee, Florida 32301			Reg Div P.C	gistra vision ), Box	NG ADDRESS: tion Section of Corporations x 6327 sec, Florida 32314
	Enclo	sed is a check for the following	amou	ınt	i <b>:</b>		
	¥ \$25	Filing Fee			\$5	5 Fili	ing Fee & Certified Copy
INHSI	8 (2/14)						

Sy).

## 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.

١.	Na	une of the limited liability company:	Prime Ministers, LLC						
2.	(a)	2135 NW 1st Avenue	_ (b)	2135 NW 1st Avenue					
	()	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)					
		Miami, FL 33127	- <del>-</del>	Miami, FL 33127					
		12/2/2013		L13000167032					
3.		Date of filing/registration in Florida	4.	Document number					
5.	(a)			2					
		Registered Agent and Registered Office shown on the records of the	ic Florida Der	ept. of State: 2020 NOV					
		2400 SW 58th Ave.							
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	: 1 2=					
				ω [	<del>_</del>				
		Miami , FL_	3315	55 8 6 8 C	J				
	(b)	COGENCY GLOBAL INC.	 						
		Enter name of NEW Registered Agent and/or NEW Registered C	Office address	<u>ess</u> :					
		115 North Calhoun Street, Suite 4							
		<u>NEW</u> Registered Office Address:							
		Tallahassee , FL	3230						
		, FL_							
th ag wa	e cha ent v as/wo	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the registere bility comp the limited imited liabi	ared office and the business office of the register pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.					
_	Signa	ture of a member or authorized representative by a member		Printed or typed name of signee					
I pr the to no	herei ovisi e obl mere stified	by accept the appointment as registered agent and agre into of all statutes relative to the proper and complete p inguitions of my position as registered agent as provided ely reflect a change in the registered office address, I hi d'in writing of this change.	e to act in i	this capacity. I further avree to comply with t	he ept ed				
		re of Registered Agent							