Horrida Department of State 57

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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	,
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From:		
	Account Name : REGISTERED AGENT '5	OLUTIONS INC
	Account Number : 120100000062	
	Phone : (888)705-7274	<u>2</u> *
	Fax Number : (888)706-7274	걸
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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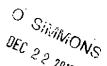
LLC REGISTERED AGENT CHANGE PREMIER ACT ENTERPRISES, LLC

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COVER LETTER

TO: Registration Section Division of Corporations PREMIER ACT ENTERPRISES, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Castillo Name of Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd, Suite 300 Address Austin, TX 78744 City/State and Zip Code notices@rasi.com E-mail address: (to be used for future annual report notification); For further information concerning this matter, please call: Mary Castillo Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Enclosed is a check for the following amount:

2 \$25 Filing Fee

2661 Executive Center Circle Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

INHS18 (2/14)

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,

1. No	ame of the limited liability company: PREMIER	ACI	ENTER	PRISES, LLI	<u> </u>		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 11270 4th St N 206	_ ((b)				
	SAINT PETERSBURG, FL 33716	_	SAINT PET	ERSBURG, FL		33716	
	10/17/2014		L14000)162571			
3.	Date of filing/registration in Florida	4.		Document number	ī		
5. (a)	Registered Agent and Registered Office shown on the records of t		-				
		he Florid	a D ep t, of State	:		 !	
	Tiongson, Armando S					7 🖭	
	Registered Office Address MUST BE FLORIDA STREET A	DDRES	<u>z</u> (;)			030	
	11270 4th St N 206					5	
	SAINT PETERSBURG, FL 33716				ř.	The .	
					-:-	AH 10:	
(6)	·	•				્ય ∺	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	Idress:		⊕ :		
	•						
	Registered Agent Solutions, Inc.						
	NEW Registered Office Address:						
	155 Office Plaza Dr., Suite A			•			
	Tallahassee	32301					
	, FL						
the cha agent v was/w the art	imited liability company is not organized under the law ange 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 icles of organization or the operating agreement of the	the regi bility c f the lin	istered office ompany, it is nited liability	and the business of hereby confirmed company or as of pany.	office of t that the c herwise p	he registere change(s) rovided in	
/\$/ E	Stacy Sherman	Stacey Sherman, Manager by Hunter Manager Process, LLC.					
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee		
provis the obi to mer notifie	by accept the appointment as registered agent and agri ions 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, I had in writing of this change. Justine Kamell	ee to ac perforn I for in iereby c	t in this cape sance of my e Chapter 605 confirm that i	icity. I further agr luties, and I am far F.S. Or, if this de he limited liability	ree to com miliar wit ocument i · company	aply with the h and accep s being filed has been	
Signati	us of Bosistand Agent Assistant Secretary						
	Division of Corporations P.O. B FILING FI	Box 6327 Tallahassee, FL 32314 EE: \$25.00			H17000334499 3		