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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE PREMIER ESTATES OF PIERCE, LLC

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T. LEMIEUX APR 1 2 2023

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. N	ame of the limited liability company: PREMIER ES	STATES OF PIER	RCE, LLC		
2 (a)	7340 MERCHANT COURT	(b) ⁷³	349 MERCHANT COURT Mailing address of finited hability com		
_ ,	Principal office address at limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability com (Note: MAY BE POST OFFICE BC	pany: <u>JX</u>)	
	LAKEWOOD RANCH, FL 34240		AKEWOOD RANCII, FL 34240		
	02/18/2015	1.15	5000030810		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a	CORPORATE CREATIONS NETWORK INC.				
(b)	Registered Agent and Registered Office shown on the record- 801 US HIGHWAY 1	s of the Florida Dep	pt. of State		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	NORTH PALM BEACH	, FL, ³²⁴⁰⁸			
	C T Corporation System				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address	2023		
	NEW Registered Office Address:	<u> </u>			
	1200 South Pine Island Road		: =		
	Plantation	. FL. 33324	2023 A.T. 11 PM 12: 3	ت	
the chagent was v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	s of the registere d liability compa ers of the limited	ite of Florida, it is hereby confirmed that ed office and the business office of the roany, it is hereby confirmed that the chand liability company or as otherwise provi-	เ after egistered เซย(ร)	
	Jan Hart	JOE DA	VIS, MANAGER		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		

SEAN L EMERICK ASSISTANT SECRETARY
SIGNALLIFE OF REGISTERED Agent

Thereby 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 605, 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.

CT Corporation System

By:

CT Corporation System