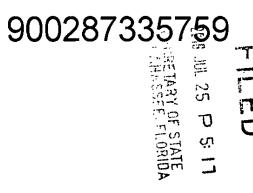
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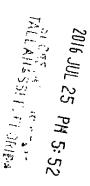
(Re	questor's Name)	
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**S** Warren JUL 2 6 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Premium Management Group, 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:			
VuTien Chi-Wagner Name of Person			
Firm/Company			
5760 S. Semoran Blod Address			
Orlando, FL 32827 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TC Chi-wagner at (407) 380 5183  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy			

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. Name of the limited liability company: Premium	Management Grow LLC
2. (a) 5760S. Semoral Bld  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
orbundo FL 35822	
3. Date of filling/registration in Florida	4. Document number
	4. Bocument number
5. (a) TC Chi-wagne Registered Agent and Registered Office shown on the records of the	pe Florida Dept. of State:
5760 S. Semoran Blud	
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
5760 S. Semoran Blod	~9
arando, FL	3,000
,FL_	<u> </u>
(b)	ARY 25
Enter name of NEW Registered Agent and/or NEW Registered (	Office address:
V T O - > > - >	STA:
NEW Registered Office Address:	
5347 Brookline Dr.	
_ SOFT DIOURING DI.	
<u>orlando</u> , FL	32819
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) If the limited liability company or as otherwise provided in
10 Chi-wagner	To chi- wagner
Signature of a member or authorized representative of a member	Printed or typed mane of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
DIX Child	