418000 206567

(Requestor's Name)
(Address)
,

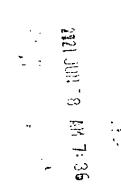
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

Office Use Only



000367427320

06/08/21--01027--007 **25.00



O SIMMONS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 4, 2021

Order#: 838995/039

Re: PREMIER SENIOR MARKETING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 SEN	NOR MARKETII	NG, LLC
2. (a)	9482 Wedgewood Boulevard, Suite 130	(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Powell, OH 43065		
	08/29/2018	L1800	0206567
3. 5. (a)	Date of filing/registration in Florida C T Corporation System	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	Plantation F1	33324	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office address:	
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, FL	32301	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office ability company, of the limited liab	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ll Cilmi	Jill Cilmi, A	uthorized Person
I here	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in this operformance of for in Chapter tereby confirm the person of the confirm to the confirm the confirmation of t	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been given Company.