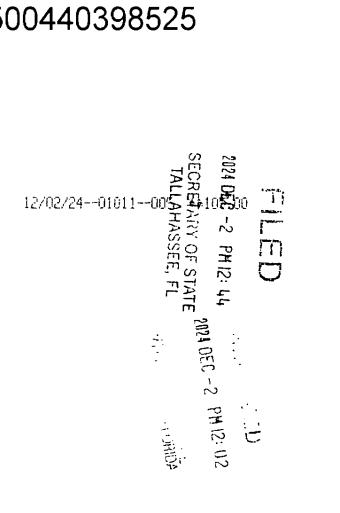
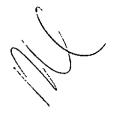
# 

(F	Requestor's Name)			
(A	(ddress)			
•	•			
<del></del> ,	Address)			
()-	(ddiess)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
12	zocament (valuet)			
Certified Copies	Certificates of	Status		
Special Instructions to Fi	ling Officer:			
1		İ		









# CORPORATE ACCESS,

### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	CHANGE OF RA	
HOTOCOPY US LING HER LEGAL SEA		
US LING HER LEGAL SEA		
LING HER LEGAL SEA		
HER LEGAL SEA		
AN ACIDIO NO A REST. A MOST NAMED ASSESSED.	ARCH PARTNERS LLC	SE 20
RATE NAME AND DOC	UMENT #)	2024 DEC -2 SECRETARA TALLAHA
PRATE NAME AND DOC	CUMENT #)	PHIZ:
PRATE NAME AND DOC	CUMENT #)	
PRATE NAME AND DOC	CUMENT #)	
PRATE NAME AND DOC	CUMENT #)	
DRATE NAME AND DOC	CUMENT #)	
UCTIONS:		
_		
	DRATE NAME AND DOC DRATE NAME AND DOC DRATE NAME AND DOC	ORATE NAME AND DOCUMENT #)

### **COVER LETTER**

TO: Registration Section Division of Corporations			
Premier Legal Search Partners LLC SUBJECT:			
	of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the	he following:	
Cyndi Bumgardner			
Name of Person		<del></del>	
Premier Legal Search Partners LLC			
Firm/Company			
2323 NE 26th Ave #106			
Address		~~~	SEC VT
Pompano Beach, FL 33062			ECRETARY OF S
City/State and Zip Code			HAS YEA
cyndi@paasearch.com			SEE POP
E-mail address: (to be used for future annua	l report no	tification)	STA
For further information concerning this matter, pl	ease call:		, E
Cyndi Bumgardner	954	242-8265	
Name of Person	at (	Area Code & Daytime Telephone Numb	er oer
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following an	nount:		
\$25 Filing Fee	۵	\$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.

l. N	ame of the limited liability company: Premier Legal Se	arch Partners I	.LC		
2. (a)		(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)		
	2323 NE 26th Ave #106	233	23 NE 26th Ave #106		
	Pompano Beach, FL 33062	Po	mpano Beach, FL 33062		
	7/8/2020	L200	000194441		
3.	Date of filing/registration in Florida	4.	Document numb	per	
5. (a)	United States Corporations Agents Inc				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 476 Riverside Ave	ADDRESS)			
	Jacksonville , FL	32202		S 22	
(b)	David R Roy			2024 DEC SECRETI	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	:	-2 ARY	
	NEW Registered Office Address:		<del></del>	FS.	
	4209 N Federal Hwy			PHIZ: 44 OF STATE SEE, FL	
	Pompano Beach , FL	33064		•	
change agent was/we the article Signa  I here	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 liagre authorized by an affirmative vote of the members of class of organization or the operating agreement of the pure of member or authorized representative of a member by accept the appointment us registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the of Registered Agent	registered offability compared the limited lim	fice and the business off ny, it is hereby confirme liability company or as of ity company.  mgardner  Printed or typed nar is capacity. I further ag	ice of the registered of that the change(s) otherwise provided in me of signee	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00