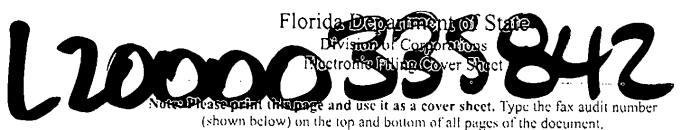
Division of Corporations



(((H20000384628 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email

Account Name : CERVETTA-LAPHAM & ASSOCIATES PA

Account Number : I20190000110 Phone : (30\$)275-3244 Fax Number : (305)275-3248

annual	report	mailings.		•	address	
Email A	Address	:				

LLC REGISTERED AGENT CHANGE PREMIUM C.I.S. LLC

**Enter the email address for this business entity to be used for future

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Premium C.TS, 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:

Ana cervetta-Laphan Name of Person

Cervetta-Laphane Assoc. PA

6401 SW 37 Ave Suite 103

High FL 33173
City/State and Zin Code

ana @ cerveHalapham. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana CerveHa-Laphan at (305) 275.3244

Name of Person Area Code & Daytime Telephone Number

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 amount:

□ \$25 Filing Fee & Certified Copy

INH\$18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H 2 0000 3 846283

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 l	limited liability company;	Premiu	m C.I.S	. LLC		
2. (a) <u>10791</u> Prend	cipal office address of limited li	Mailing address				
_Sunc	ise, FL 331	73				
40/	/zz / 2020		1200	00335B	42	
3. D	/zz/2020 Date of filing/registration in	n Florida	4,	Document n	umber	
	C Premeum L		ne Florida Dept. of St	ate:		
	91 NW 53rd				1	
	Office Address <u>(MUST RE F</u>		<u>DDRESS)</u>		A CT	ָּרָר קַּלְּ
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<u>_>un</u>	orse	, FL_	<u> </u>	• •	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	17
	vetta- Lapha of NEW Registered Agent and			<u>.</u>	1 9: 30 Salate Salate	D
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Muc	2.1971 V		33173	_		
change or changes agent will be ident wastwere authorize	ility company is not organistare made, the Florida streatical. Or, in the case of a lated by an affirmative vote anization or the operating	eet address of the r Florida limited liab of the members of	egistered office a pility company, it the limited liabili	nd the business is hereby conti ity company or	s office of the re irmed that the el	gistered hange(s)
Dua 1	Alexecs B. Aber or authorized representative		_bmar	Alcivar	Bochor	
I hereby accept th	he appaintment as register tatutes relative to the prop my position as registered i change in the registered i	red agent and agre	e to act in this car	pacity I furthe	er agree to comi	oly with the and accept being filed has been
Signature of Registere	ed Agent	1				
	Division of Corn	orations • P.O. Re	ov 6327a Tellahi	sesce FI 3231	1	

FILING FEE: \$25.00

INHS18 (2/14)



November 6, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

PREMIUM C.I.S. LLC 10791 NW 53RD STREET 103 SUNRISE, FL 33351

SUBJECT: PREMIUM C.I.S. LLC

REF: L20000335842

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker FAX Aud. #: H20000384628 Regulatory Specialist III Letter Number: 120A00022302