L23 0000 74017

(R	Requestor's Name)	· . <u></u> -
(A	(ddress)	
	Address)	
(/	duresay	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(D	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600418861896

2023 DEC -4 PH 3: 35

RECEIVED



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/4/2023	PRIORITY Regular Approval	OUR REF_#_(Order_ID#) 1209844
ORDER ENTITY PREMIUM ERC LLC		
PLEASE PERFORM THE FOLLO PREMIUM ERC LLC (FL)	WING SERVICES:	
File the attached change of age	nt document	

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

NOTES:

\$25.00 Authorized

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 4, 2023 Page 1 of 1

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	PREMIUM ERC LLC ECT:		
		Name of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernir	ng this matter to the	following:
Sapphi	re Marquez		
	Name of Person		
SunDo	e Filings		
	Firm/Company		_
7801 F	olsom Blvd Ste 202		
	Address		
Sacran	nento CA 95826		
	City/State and Zip Co	de	
dgoldii	n@capify.com		
I	E-mail address: (to be used for future	annual report notif	īcation)
For fu	rther information concerning this ma	atter, please call:	
David	Goldin	212 at (779-2528
	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 follow	ving amount:	
	■ \$25 Filing Fee	 \$	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. N	lame of the limited liability company: PREMIUM ERC	LLC		<u>.</u>	
2. (a)	2980 NE 207TH ST. SUITE 307	2980 NE 207TH ST, SUITE 307			
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lial (Note: MAY BE POST OF	
	AVENTURA, FL 33180		AVENTU	RA, FL 33180	
	02/22/2023		L23000074	017	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a	SUNDOC FILINGS INCORPORATED				
ی. (a	Registered Agent and Registered Office shown on the records of 3458 LAKESHORE DRIVE	the Flor	ida Dept. of Sta	le:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	7023 DEC
	TALLAHASSEE	L_32312		_	EC -1.
(b)	United Agent Group Inc.				 P
` '	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	-	ယ္
	801 US Highway 1			•	35
	NEW Registered Office Address:			_	
	North Palm Beach	33408		_	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the registe ability of the I	he State of Florered office an company, it is imited liability disability con	d the business office of t s hereby confirmed that t cy company or as otherwi	he registered the change(s)
/Sign	/ David Goldin	-	avid Goldin	Printed or typed name of sig	hee.
I herovi: provi: accep heing	eby accept the appointment as registered agent and agissions of all statutes relative to the proper and complete of the obligations of my position as registered agent as perfect of the merely reflect a change in the registered office eennotified in writing of this change.	ree to a perfor provided addres.	nct in this cap mance of my d for in Chap s, I hereby co	acity. I further agree to	comply with the
	William Huser				
Signat	ture of Registered Agent				