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Account Number : 075410002172 Phone : (239)344-1100 Fax Number : (239)344-1529

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: VB@NaplesVince.com

## LLC REGISTERED AGENT CHANGE PREMIER ESTATE BUILDS, LLC

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M. SOLOMON APR 17 2023

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## 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. Na	ime of the limited liability company: PREMIER EST	ATE BUIL	OS, LLC	,	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·		Mailing address of limited (Note: MAY BE POST	liability company:
	4730 13TH AVE SW		P.O. BO	X 7203	
	NAPLES, FL 34116		NAPLES	5, FL 34101	
	03/16/2023			L33000122019	
3.	Date of filing/registration in Florida	4.		Document number	
(a)					
. (a)	Registered Agent and Registered Office shown on the records of TRACY L. PRICE	I the Florida	Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET 7306 POWDER PUFF	'ADDRESS	2	<del></del>	
	PUNTA GORDA , F	33955 L.		<del></del>	2023 APR
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<del>_</del>	SSE   G
	VINCENT BRANDA				AK II: I
	NEW Registered Office Address:				œm σ
	800 LAUREL OAK DRIVE, SUITE 400			<del>_</del>	
	NAPLES F	34108 L			
hange gent we ras/we re artic Signan hereb rovisione obli	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the use of a member or authorized representative of a member of accept the appointment as registered agent and agons of all stantes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	e registere iability co of the lim : limited l	d office a mpany, it ited liability co	nd the business office of is hereby confirmed that ity company or as other mpany.  1001 Finted or typed name of	f the registered at the change(s) wise provided in a signee
1/	incest Broke				
nnotur	e of Registered Auen				

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