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PICK-UP WAIT MAIL	04/14/0601049013 ***35
(Business Entity Name)  M05-3845  (Document Number)	SECRETARY TALLAHASSE
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2006

CORY GELMON BRITTANIA LAW OFFICE 505 ELBOW DRIVE SW, SUITE 270 CALGARY, AB CANADA, T2S-2T6

SUBJECT: PREMIER SD, LLC Ref. Number: M05000003845

We have received your document for PREMIER SD, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agest information for this Limited Liability company, the form submitted is formation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 406A00026366

## **COVER LETTER**

TO: Amendm Division	nent Section of Corporations	
SUBJECT:	PREMIER SD. LIC (Name of Corporation)	
DOCUMENT N	UMBER:M0500000 3845	
The enclosed Star	tement of Change of Registered Office/Agent and fee are submitted	ed for filing.
Please return all c	correspondence concerning this matter to the following:	
	Cory Gelmon (Name of Contact Person)	
		2006 H
	505 Elbow Drive SW, Suite 270 (Address)	2006 MAY 12 AM 10: 37 SECRETARY OF STATE TALLAHASSEE. FLORID
	Calgary, AB Canada T2S 2T6 (City/State and Zip Code)	JRIDE 31
For further inform	nation concerning this matter, please call:	
Cory Gelmo	n at ( 800 ) 808 Name of Contact Person) (Area Code & Daylin	ne Telephone Number)
Enclosed is a \$35	5.00 check made payable to the Department of State.	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is a		
• • •	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Premie (Name o	Y SD LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Deborah Love (Name of Person)	2006 TAL	
Friedman, Rosenwasser & Gold (Firm/Company)	SECRETARY C TALLAHASSEE	て一下「
5355 Town Center Road, Suite (Address)	¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬	Ţ
Boca Raton, Florida 33486		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Deborah Love	at ( 561 ) 3955511 ext 514	
(Name of Person)	(Area Code & Daytime Telephone Number	r)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Enclosed is a check for the following amount: THIS IS A CORRECTED FILING

Tallahassee, Florida 32314

FEE PREVIOUSLY SENT IN

☐ \$55 Filing Fee & Certified Copy

2661 Executive Center Circle Tallahassee, Florida 32301

\$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Premier 5D, LLC
2. The mailing address of the limited liability company is: 7300 W. Camino Real
Suite 300, Boca Raton, FL 33433
07-07-2005 M05000003845
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Ronald N. Rosenwasser Pr &
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Boca Raton FL 33486 City, State and Zip
City, State and Zip  6. The name and address of the new registered agent and/or office:
CT Corporation Systems
12005 Pine Tsland Rd
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Deborah Love. (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
CT Corporation Systems Consulture (Signature of Registered Agent)

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