MZ300001907

<u></u>	(Requestor's Name)				
	(requestors reame)				
	(Address)				
(Address)					
	(City/State/Zip/Phone #)				
	(,,				
PICK-U	P WAIT	MAIL			
	(Business Entity Name)	·			
	(Document Number)				
	(Boodinent Hamber)				
Certified Copies	Certificates of S	Status			
Special Instructions	to Filing Officer.				
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Office Use Only



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is. 100011 ())/31/24 CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO	O. : I2000000195					
REFERÊNC	CE : 659632 8457734					
AUTHORIZATIO	ON:					
COST LIMI	IT : \$ 25.0 ()					
ORDER DATE : September 26,	2024					
ORDER TIME : 1:44 PM						
ORDER NO. : 659632-004						
CUSTOMER NO: 8457734						
CHANGE OF AGENT						
NAME: PREMIERE SA	AV, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godb	bolt					
	EXAMINER'S INITIALS:					

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.

I. Na	me of the limited liability company: PREMIERE SAV	, LLC		
2. (a)	160 WEST DELONEY STE B		ь) ³⁰	3009 WEST MONTROSE AVENUE
2. (6.7)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	·, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	P O BOX 2895			
	JACKSON, WY 83001	_	CH	CHICAGO, IL 60618
	02/13/2023		M23	23000001907
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MERIDEITH NAGEL, PA			
J. (u)	Registered Agent and Registered Office shown on the records of the 1201 WEST HIGHWAY 50	he Floric	la Dept	ept, of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	
				eg e
	CLERMONT	34711		
	, FL_			
(b)				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office a	ddress	TOF STASSEEL
	Corporation Service Company			PHIZ: 47 OF STATE SEE, FL
	NEW Registered Office Address:			 -
	1201 Hays Street			
	Tallahassee	32301		
change agent v was/we the arti	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 liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	register hility c t the lin imited	red of ompa nited liabil	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
/S/ Ann Johnson		Ar —	nn Joh	lohnson, Member
I herei provisi the ohl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been accompanied to this change. The of Registered Agent	rertorn	umce	ce of my duties, and I am familiar with and accept

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INHS18 (2/14)