

PD4000130351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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LAUREN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premierseats.com, Inc.
Name of Corporation

P04000130351
DOCUMENT NUMBER: Fcd ID # 208098069

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Brown
Name of Contact Person

Premier Seats.com
Firm/Company

6900 NW 87th Ave
Address

Parkland FL 33067
City/State and Zip Code

Rbrown69 Vendors@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Brown at 954 587 1405
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2018

ROBERT C. BROWN
PREMIER SEAT. COM, INC.
6900 NW 87TH AVE
PARKLAND, FL 33067

SUBJECT: PREMIER SEATS. COM, INC.
Ref. Number: P04000130351

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

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 718A00023982

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SECRETARY OF STATE
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Premierseats.com
2. The principal office address: 6900 NW 87th Ave Parkland, FL
33067
3. The mailing address (if different): SAME ↑
4. Date of incorporation/qualification: 09/17/2004 . Document number: Feel ID # 208098069
P04000130351
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert C. Brown

5485 WILES ROAD
SUITE #405
COCONUT CREEK, FL 33073

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Robert C. Brown

6900 NW 87th Ave

P.O. Box NOT acceptable

Parkland, FL 33067

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert C. Brown
Signature of an officer or director

Robert C. Brown President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robert C. Brown
Signature of Registered Agent

11/8/18

Date

If signing on behalf of an entity:

Robert C. Brown

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)