## P06000130403

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	, <b>d</b>
SUBJECT: PREMIER MEETINGS & EVENTS Name of Corporation	S. INC
Name of Corporation	
DOCUMENT NUMBER: P06000130403	
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
JOHN GILLEN	
Name of Contact Person	
PREMIER MEETINGS & EVENTS, INC	
Firm/Company	
450 MAGUIRE ROAD, SUITE B	
Address	
OCOEE, FLORIDA 34761	
City/State and Zip Code	
JOHN@MY-PME.COM	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matte	er, please call:
JOHN GILLEN	31 ( 407 ) 730-3886
Name of Contact Person	at ( 407 ) 730-3886  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to t	the Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

in orde	r to change its registered office or	organized under the laws of the State of FLO registered agent, or both, in the State of Flori	
	he corporation: PREMIER MEETI	AD, SUITE B, OCOEE, FLORIDA 34761	
2. The principal	office address:		
3. The mailing a	ddress (if different): SAME		
4. Date of incorp	poration/qualification: 10/12/2006	Document number: P0600013040	13
5. The name and		ered agent and registered office on file with the	
	JOHN L GILLEN III		
	3315 MAGGIE BLVD. SUITE 300	(	
	ORLANDO, FLORIDA 32811		_
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	₩.
	JOHN L GILLEN III		
	450 MAGUIRE ROAD, SUITE B		
		P.O. Box NOT acceptable	ءِ زن
	OCOEE, FLORIDA 34761		سی
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its re-	gistered agent.
_		dopted by its board of directors or by an officen notified in writing of the change.	
Jah	Xelle III	JOHN L GILLEN III, PRESIDENT/SE	ECRETARY
Signification of the second	re of an officer or director	Printed or typed name and title ent and agree to act in this capacity.	_
l further agree : of my duties, an document is bei	to comply with the provisions of a	ll statutes relative to the proper and comple he obligation of my position as registered ag e in the registered office address. I hereby c	te performance ent. Or, if this onfirm that the
falle	WillenJI	OCTOBER 15, 2020	
/	nature of Registered Agent	Date	
41 signing on be	half of an entity:		
	sped or Printed Name		

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