

PO6000130403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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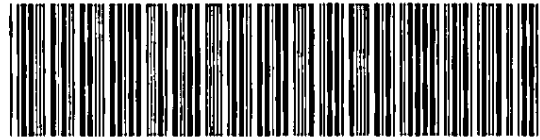
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PREMIER MEETINGS & EVENTS, INC  
Name of Corporation

**DOCUMENT NUMBER:** P06000130403

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:

JOHN GILLEN

Name of Contact Person

PREMIER MEETINGS & EVENTS, INC

Firm/Company

450 MAGUIRE ROAD, SUITE B

Address

OCOE, FLORIDA 34761

City/State and Zip Code

JOHN@MY-PME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN GILLEN

Name of Contact Person

at ( 407 ) 730-3886

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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.

CR2E045 (04/13)