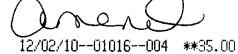
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(Red	questor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2010

Jose E. Medina Jr.
Premier Management Associates, Inc.
9158 SW 51st Road, J-103
Gainesville, FL 32608

SUBJECT: PREMIER MANAGEMENT ASSOCIATES, INC.

Ref. Number: P10000062670

We have received your document for PREMIER MANAGEMENT ASSOCIATES, 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 document must have original signatures.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 110A00028196

SECHETARY OF STATE

10 DEC 17 PM 12: 53

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PREMI	ER MANAGEM	ENT ASSOCIATES, I
DOCUMENT NUMBER: P1000	00062670	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
JOSE E Nan	MEDINA TR	-
PREMIER M	4NAGEMENT A Firm/ Company	SSOCIATES, FUC.
9158 30	SIST Road Address	V-103
·	State and Zip Code	
E-mail address: (to be used f	or future annual report notification)	ragement fl. com
For further information concerning this matter, pl	ease call:	
Name of Contact Person	at (35 ≥) 37 9 Area Code & Daytime Tele	4641 ephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depart	tment of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	•
Tallahassee FI 32314	2661 Executive Center Circle	۵

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



" William State of the State of

PREMIER MANAGE	FMENT	ASSOCI	4 2010 DEC 17 0	計 3+24
(Name of Corporation as currently filed w	ith the Florida	Dept. of State)	SECRETARY O	FSTATE
P100000626	~ ~		TALLAHASSEE.	FĽORID/
(Document Number of Corp		<u> </u>		
•	·			
Pursuant to the provisions of section 607.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Flor	ida Profit Corpo	oration adopts the fo	ollowing
•	entions.			
A. If amending name, enter the new name of the corpor	<u>auon:</u>			
			The ne	
name, must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional ass	"Corp," "Inc,"	or "Co". A pri	ofessional corporation	
B. Enter new principal office address, if applicable:	915	8 5w 5	5157 Rd,	J103
(Principal office address <u>MUST BE A STREET ADDRES</u>	(S)		5157 Rd, FL 32	(1) Q
	<u> </u>	-E 30(L/L		60 Q
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered of	ffice address in I	ilorida enter th	e name of the	
new registered agent and/or the new registered office		torida, circi in	e name or the	
Name of New Registered Agent:				
Nume of New Registered Agent.				
Now Projectored Office Address.	Florida stront ada			
New Registered Office Address: (F	Florida street ada	iress)		
			orida	
(C	City)	(Zip Coa	le)	
New Registered Agent's Signature, if changing Registere				
I hereby accept the appointment as registered agent. I am j	familiar with and	accept the oblig	ations of the position	1.
	_			
Signature of 1	New Registered A	gent, if changing	3	

·If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title .	<u>Name</u>	Address	Type of Action
<u> 5/T</u>	DALE ROBERT MAS	639 Carrington D WESTON, FL 33320	Add Remove
			Add Remove
	·		Add Remove
	g or adding additional Articles, enter clitional sheets, if necessary). (Be specific		
		:	
<u>provisions</u>	ndment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		
			<u></u>

·The date of each amendment(s) adoption: 11/29/10
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
• 4 × 2	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(01111011 01112)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) to sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes or	ast for the amendment(s) was/were sufficient for approval
by	,,
((voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
	1/29/10
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)