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S. YOUNES.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: PREMIER PROM	OTIONS USA, INC.			
	BER: P10000063850				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	TRACEY J. FIERRO				
	Name of Contact Person				
	ACCOUNTING SOLUTIONS FOR BUSINESS, INC.				
		Firm/ Company			
	2451 N. MCMULLEN BOOTH ROAD, STE 256				
	Address				
	CLEARWATER, FL 33759				
	<u> </u>	City/ State and Zip Cod	e		
INFO	@ACCOUNTINGSOLUTIO				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call·			
	a vouvering and immer, prom				
WILLIAM G. VICTOR		at (⁷²⁷	726-8600		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & 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			Address		
Amendment Section		Amendment Section			
	ision of Corporations	Division of Corporations			
	. Box 6327	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314					
		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as on	urrently filed with the Florida Dept. of State)
P10000063850	The state of the s
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	lon:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	2451 N. MCMULLEN BOOTH ROAD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 200
	CLEARWATER, FL 33759
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	2451 N. MCMULLEN BOOTH ROAD
	SUITE 200
	CLEARWATER, FL 33759
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
	<u>auress:</u> : S≥ €
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered a large of the appointment as registered agent. I am fan	
Tunjun	тын ана всеерь те vonganoris of те розтоп.
Stonetine of	New Registered Agent if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	WILLIAM G. VICTOR	2451 N. MCMULLEN BTH RD
Add			STE#200
Remove			CLEARWATER, FL 33759
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary,	y). (Be specific)
	
	
	
	
	·
an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:)

The date of each amendment(s) add date this document was signed.	ption:	if other than the
date this document was signed.	•	
Effective date if applicable:	4	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	fate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment icient for approval.	(s)
☐ The amendment(s) was/were appromust be separately provided for ex	oved by the shareholders through voting groups. The following states ach voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	ted by the board of directors without shareholder action and sharehold	icr
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	Ce 6/2018	
Signature (By a dire	ector, president or other officer - if directors or officers have not been	1
	by an incorporator - if in the hands of a receiver, trustee, or other out	រាជ
appointed	fiduciary by that fiduciary)	
V	/ILLIAM G. VICTOR	
	(Typed or printed name of person signing)	
P	RESIDENT	
-	(Title of person signing)	