## P13000036180

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard

llockar2@cscinfo.com

Date: July 30, 2014

Order#: 233467/155

Re: PREMIUM PRECISION MARKETING INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
	the corporation: PREMIUM PRE	
2. The principal	office address: 16820 SW 1st I	Manor, Pembroke Pines, FL 33027
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 04/22/20	13 Document number: P13000036180
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the resigned)
	Junaid Abdulaziz	
	16820 SW 1st Manor, Pembr	ered agent (if changed) and /or registered office
6. The name and (if changed):	· ·	చే
	Corporation Service Company	
	1201 Hays Street	Box NOT acceptable
	Tallahassee	FL 32301
The street addr as changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent,
Such change wauthorized Levi	as authorized by resolution duly be board, with pration has	adopted by its board of directors or by an officer so been notified in writing of the change.
	26	Dona Priebe, Vice President
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions of fmy duties, and I am familiar wi his document is being filed merel	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete Ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I botified in writing of this change.  07/30/2014
	gnature of Registered Agent	Date
If signing on be	ehalf of an entity:	
	t, Assistant Vice President	
	Evned or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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