## P15000006234

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PREMI	ER RESOR	TS SERVICES INC
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	itter to the following:	
	KIRNDONA	N BALASUB	RAMANIAM
	K 1 K 0 C D 1 ( V 1)	Name of Contact Perso	
	3200 N I	Firm/ Company	De #208
-	CORAL SP	Address PL	DR #208
· -		City/ State and Zip Cod	
	balacpa@ t	not mail. cor	И
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call;	
K. Ba	la	at ( 954	345 8656
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P.O.	ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation of

TREMIER RES	URTS SEH	2VICES 1	[N C		
(Name of Corporation as curren	ntly filed with the Fl	orida Dept. of Sta	<u>ste</u> )		
P1500	0006234	-			
(Document Numl	ber of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this I	Florida Profit Corp	<i>poration</i> adopt	s the following a	nmendment(s) to
A. If amending name, enter the new name of	the corporation:				
				T	he new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	'Corp." "Inc." or "(	Co". A profession	r "incorporation nal corporation	ed" or the abbi	reviation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				<u></u>	
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)				
D. If amending the registered agent and/or re	gistanad office oddr	ess in Ulauida, ant	en the name o	f the	
new registered agent and/or the new regist			er the name o	i tue	
Name of New Registered Agent					
			<del></del>		
	(Florida stre	et address)			
New Registered Office Address:			_, Florida		
	(City)		<i>-</i>	(Zip Code)	
New Registered Agent's Signature, if changing	a Registered Agent:				•
I hereby accept the appointment as registered ag		ith and accept the	obligations of	the position. R 26	
Signature	of New Registered A	gent, if changing		<b>1</b> 100 <b>1</b> 100 <b>111</b> 00 <b>111</b> 000 <b>111</b> 00	
	-	_ <del>_</del>		STATE LORIDA	`• 4
					•

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 <math>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>	Address
1) Change	P	EDLINE STEWART	710 SW 80TH TER
Add			N LAUDERDALE FL 33068
Remove			
2) Change	<u> </u>	BRIAN KEITH RUNDECKER	
Add			JACKSONVIlle, FL32224
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			~~~~
6) Change			
Add			
Remove			

	ticles, enter change(s) here: (Be specific)
I an amendment provides for an excr	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment f	ile date)
,	,
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the am	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	,
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
Dated04-16-2015	
Dated	
(By a director, president or other officer – if directors or officer	
selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	ice, or other court
EDLINE STEWART	
(Typed or printed name of person sig	ning)
PRESIDENT	
(Title of person signing)	