## P150000 57753

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



500350038005

08/11/20--01022 -000 ++95.00

20 UG II AMII: 12

OCT 0 5 2020

D CUSHING



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: August 7, 2020

Order#: 371971/017

Re: PREMIUM IV WAREHOUSE INC.

Enclosed please find:

 $\frac{XX}{XX}$  Change of Registered Agent and Office. 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:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive 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   | mge is submitted for a corpord  | 12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.   |  |
|--|---|--|--|
| 1. The name of   | the corporation: PREMIUM IV   | WAREHOUSE INC.   |  |
|  | office address: 4504 Sydney I   |  |  |
| 3. The mailing a   | address (if different):   |  |  |
| 4. Date of incor   | poration/qualification: 07/10/2                                       | 2015 Document number: P15000057753   |  |
|  | d street address of the current r<br>rtment of State: (If resigned, e | egistered agent and registered office on file with the nter resigned)  |  |
|  | INTERAMERICAN CORPC   | RATE SERVICES LLC  |  |
|  | 2525 PONCE DE LEON BLVD SUITE 1225                                    |  |  |
|  | CORAL GABLES  | FL 33134   |  |
| 6. The name and (if changed):  |   | istered agent (if changed) and /or registered office   |  |
|  | Corporation Service Compa   | ny   |  |
|  | 1201 Hays Street  | P.O. Box NOT acceptable  |  |
|  | Tallahassee   | P.O. Box NOT acceptable FL 32301   |  |
| _  |   | the street address of the business office of its registered agent.   |  |
| Such change was authorized by the  | as authorized by resolution di<br>he board, or the corporation h      | aly adopted by its board of directors or by an officer so as been notified in writing of the change.   |  |
| C  | sulva Maria   | Sylvia C Miranda, Vice President   |  |
| I hereby accept<br>I further agree<br>of my duties, ar<br>document is be<br>corporation ha | to comply with the provisions<br>ad I am familiar with and acc        | Printed or typed name and title  d agent and agree to act in this capacity. of all statutes relative to the proper and complete performanc ept the obligation of my position as registered agent. Or, if thi lange in the registered office address, I hereby confirm that the his change. |  |
| By: Mag  | · Yokuble   | 07/29/2020   |  |
| _  | gnature of Registered Agent   | Date   |  |
| Grace E. Kirby,  | Asst. Vice President  |  |  |
|  | Typed or Printed Name   | <del></del>  |  |

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