

P150000 75239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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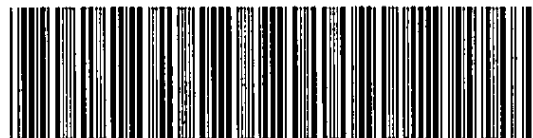
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premium Supplier Inc.

Name of Corporation

DOCUMENT NUMBER: P15000075239

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark D. Nichols

Name of Contact Person

Premium Supplier Inc.

Firm/Company

2121 Vista Parkway

Address

West Palm Beach, FL 33411

City/State and Zip Code

mnichols@ufgcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark D. Nichols

Name of Contact Person

561 868-1453

at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

