| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. | | | | |
|--|-----------|------------|--|--|
| SIGNATURE: JAMES WARNER | SECRETARY | 10/22/2021 | | |

SECRETARY

SIGNATURE: JAMES WARNER

Electronic Signature of Signing Authorized Person(s) Detail

| Authorized Person(s) Detail : | | | | | |
|-------------------------------|------------------------------------|-----------------|---|--|--|
| Title | MGR, P, AS | Title | MGR, VP | | |
| Name | BARRETTE, SEAN P | Name | FARRERO, JEFFERY M. | | |
| Address | 3434 VIA LIDO STE 300 | Address | 3434 VIA LIDO SUITE 300 | | |
| City-State-Zip: | NEWPORT BEACH CA 92663 | City-State-Zip: | NEWPORT BEACH CA 92663 | | |
| Title | MGR, CEO | Title | S | | |
| Name | BELLIVEAU, PAUL | Name | WARNER, JAMES 8800 GRAND OAK CIRCLE SUITE 550 | | |
| Address | 8800 GRAND OAK CIRCLE SUITE 550 | Address | | | |
| City-State-Zip: | TAMPA FL 37027 | City-State-Zip: | TAMPA FL 33637 | | |

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| | | Electronic Signature of Registered Agent | | | | |
|-------------------------------|-----------|--|-----------------|----------------------------|--|--|
| Authorized Person(s) Detail : | | | | | | |
| Title | ſ | MGR, P, AS | Title | MGR, VP | | |
| Name | E | BARRETTE, SEAN P | Name | FARRERO, JEFFE | | |
| Address | 3 | 3434 VIA LIDO STE 300 | Address | 3434 VIA LIDO | | |
| City-Sta | te-Zip: N | NEWPORT BEACH CA 92663 | City-State-Zip: | SUITE 300 NEWPORT BEACH | | |
| | | | | | | |

Current Mailing Address:

230 ANDREW DR STOCKBRIDGE, GA 30281

FEI Number: 81-4176872

SIGNATURE:

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

Entity Name: PREMIER ELEVATOR SERVICES, LLC

Current Principal Place of Business:

230 ANDREW DRIVE STOCKBRIDGE, GA 30281

FILED Oct 22, 2021 Secretary of State 2997644935CC

Certificate of Status Desired: No

Date

Date