CAPITOL CORPORATE SERVICES, INC.

July 16, 1997



FLORIDA DEPARTMENT OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: PRG FLORIDA V, INC.

A SERVICE SO

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 1325 in the amount of \$35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

D'Lundgeen

enclosures

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,

| Florida Statutes, the under Florida | arsigned corporation | n organized under the ement in order to cha | laws of | the State | of |
|---|---|--|-------------|-------------|-------------------|
| or registered agent, or bo | th, in the State Flo | rida. | nge its re | gisterea c |)IIIC |
| 1a. The name of the corp | poration is: PRG PLORIDA V, IN | c. | | | |
| 1b. Date of incorporation | 10/3/75 | Document | number | 487080 | |
| 2. The name and address C T Corporation Syste | ss of the current re | gistered agent and of | fice: | 97 JUL | ice Heli Ci |
| 1200 South Pine Islan | d Rd., Plantation | n, Fl 33324 | | 21 | |
| 3. The name and address (P.O. Box N NRAI Services, Inc. | s of the new registe lot Acceptable) | ered agent and office | : | PH 4: 2 | • • |
| The street address of its of its registered agent as Such change was authorian officer so authorized by | registered agent an changed will be ide zed by resolution d | entical. | ard of dir | ectors or | |
| SIGNATURE 7-11-97 DATE | | Typed or printed | | | |
| HAVING REEN NAMED A | S DECISTEDED AC | SENIT AND TO ACCE | T 050 4 | | |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

| Determination 1.1 | NRAI Services, Inc. | | |
|---|--------------------------|--|--|
| Return acknowledgment to: Capitol Corporate Services, Inc. | SIGNATURE By: Ollanie Lu | | |
| | (Registered Ager | | |

P.O. Box 1831 Austin TX 78767 800/345-4647

FILING FEE: \$35.00