B0600000474

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SECRETARY OF STATE

COVER LETTER

TO: Amendme Division o	nt Section f Corporations					
OUR TRAM.	PWG PRIME	, LP				
SUBJECT:	Name of Co	rporation				
DOCUMENT NU	B0600	00000474	mitted for filing.			
The enclosed State	ement of Change of Registered Office	/Agent and fee are sub	mitted for filing.			
Please return all co	orrespondence concerning this matter	to the following:	21			
	STEPHEN F. S	SEGUNDO	圣典			
-	Name of Con	tact Person				
	PWG PRIME, LP					
Firm/Company						
	400 NORTH ASHLEY DRIVE, SUITE 2580					
-	Address					
	TAMPA, FL 33602					
	City/State and Zip Code					
	SEGUNDO@PRIVATEW	VEALTHGROUP.COM				
-	E-mail address: (to be used for fu	ture annual report no	tification)			
For further inform	nation concerning this matter, please c	all:				
STEPHEN F. SEGUNDO		813 at (226-1900			
Na	me of Contact Person	Area Code & Da	ytime Telephone Number			
Enclosed is a \$35.	00 check made payable to the Depart	ment of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	nendment Section vision of Corporations Division of Corporations Division of Corporations Clifton Building Hahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				
		Tallahassee	, FL 32301			

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

statement of char	provisions of sections of sections is submitted for to change its reg	or a corpo	ration organize	d under the laws	of the State of	DELAWARE		
1. The name of th	ne cornoration:	.,	PWG PRIME, LP					
2. The principal	•	400 NO	RTH ASHLE	Y DRIVE, SU	ITE 2580, T	AMPA, FL 33602		
3. The mailing ac	ddress (if differen	t):						
4. Date of incorp	oration/qualificat	ion:1	12/19/2006	Document nu	mber:	B06000000474		
	street address of tment of State: (If			~	office on file v	vith the		
		STE	PHEN F. SE	GUNDO		_		
	100 N	IORTH T	AMPA STRI	EET, SUITE 1	910	_		
		T	AMPA, FL 3	3602		TZ 25		
6. The name and (if changed):	street address of	the new re	gistered agent ((if changed) and /	or registered o	SECRETARY OF STATE VISION OF COMPORATION OF COMPORATION OF COMPORATION OF THE PROPERTY OF THE		
	400 N	NORTH A	ASHLEY DR	IVE, SUITE 25	580	e Ala		
	- 		P.O. Box NOT acc	ceptable		- 5 E		
		T	AMPA, FL 3	3602	<u> </u>	_		
The street addre	ss of its registere be identical.	d office ar	nd the street add	dress of the busin	ness office of	its registered agent,		
Such change wa authorized by th	s authorized by re	esolution or poration	luly adopted by has been notifi	y its board of dire	ectors or by ar the change.	ı officer so		
		5		STEPHEN	F. SEGUND	OO, MGRM		
	e of an officer or direct				or typed name and t			
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment of comply with the my duties, and I do so document is beithat the corporate	as register e provision am familia ing filed m ion has be	ed agent and a ns of all statute or with and acco nerely to reflect en notified in v	igree to act in this relative to the pept the obligation to change in the viting of this cha	is capacity, proper and co n of my positio registered off ange.	mplete n as registered ice address, I		
Sign	nature of Registered Age	<u></u>		8/15/	/2 Date			
J	half of an entity:				Zutv			
PWG F	PARTNERS, L	LC GP						
	ned or Printed Name							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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