(R	equestor's Name)	<u> </u>
	ddress)	
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 129764 7874813

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 14, 2012

ORDER TIME : 10:30 AM

ORDER NO. : 129764-006

CUSTOMER NO: 7874813

CHANGE OF AGENT

NAME: PROJECT RESOURCES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	nnge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, th zed under the laws of the State of California	
	er to change its registered office or register		
1. The name of	the corporation: PRI CONSTRUCTOR	RS, INC.	
2. The principal	office address: 6385 S. Rainbow Blvd.	, Suite 420, Las Vegas NV 89118	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/10/2000	Document number: F0000004583	
•	d street address of the current registered ag rtment of State:	ent and registered office on file with the	
	NRAI SERVICES, INC.		딮
	515 E. Park Avenue		お出
	Tallahassec FL 32301		5
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	TO HAR 15 PH 3: 08
	Corporation Service Company		3: 08
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered	ed agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	ı
Maria	en (athell	Maureen Cathell, Vice President	
I hereby accept I further agree to of my duties, an document is bei corporation has	s been notijiea in wrițing oj inis change.	(Printed or typed name and title) I agree to act in this capacity, tes relative to the proper and complete perj gation of my position as registered agent. Complete address, I hereby confirm	formance Or, if this that the
By: Sy	on Service Company	03/13/2012	
	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Grace Kirby,	Asst. VP		
(1	Typed or Printed Name)		
	* * * FILING FEI	E: \$35.00 * * *	

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

CR2E045 (8/05)