CAPITOL CORPORATE SERVICES, INC.

K34799

January 30, 1997

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

Attn: Corporate Filing Dept.

Re: PRG FLORIDA IX, INC.

Oclanie Lundgren

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 # 1061 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

enclosures

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-02/04/97--01116--004 *****35.00 *****35.00

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Florida Department of State, Jim Smith, Secretary of State

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

	Florida.	
ls. The name of the corporation is:	, INC.	
1b. Date of incorporation: 09/29/88	Document number x34799	
2. The name and address of the current C T CORPORATION SYSTEM	t registered agent and offic	e:
1200 South Pine Island Road, Plants	ation, Fl 33324	LAN.
7. The name and address of the new re (P.O. Box Not Acceptable) NRAI Services, Inc.	gistered agent and office:	-3 PN 2:
526 East Park Avenue, Tallahassee, Florida 32301		condition
The street address of its registered agent of its registered agent as changed will be such change was authorized by resolution	a identical.	
an officer so authorized by the board.		
Accept Allewa	X Richard J. D	Amico, Vice President

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.

NRAI Services, Inc. SIGNATURE By: Olanie Lundgum asst	,	
treasterea Agenti		
DATE 1-30-37		