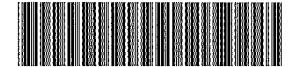
## 101000020314

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331  (Address)				
(City)	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
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Office Use Only



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10/18/05--01036--009 \*\*175.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the l	limited liability company is:	PRC Training, LLC	
2. The mailing addr	ess of the limited liability com	pany is: 439 NE 7th Avenue Fort L	auderdale, FL 33301
11/26/01		L01000020314	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the r Florida Departme		red office address as shown on the	records of the
	Catherine C. Muth		
		Name	
	4201 N. Ocean Drive #206	ô	
	A	ddress	)5   
	Hollywood, FL 33019		号 翳
	City, St	tate and Zip	OS OCT 18
6. The name and add	lress of the new registered age	nt and/or office:	2 22
	NRAI Services, Inc.		- 33
	Name 2731 Executive Park Drive, Suite 4		1: 45
	Florida street address (	P.O. Box NOT acceptable)	
	Weston	FL 33331	
	City, Sta	te and Zip	
confirmed that after	the change or changes are mad	der the laws of the State of Florida le, the Florida street address of the be identical. Or, in the case of a F	e registered office

liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member) Karen Ammar Secretary (Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services inc.

(Signature of Registered Agent)

Karen Redman. Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00