

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

## REGISTERED AGENT CHANGE

PRC, LLC

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S. HAWKES OCT 2 6 2009 **EXAMINER** 

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

Pursuant to the provisions of submits the following statemen	sections 608.416 t in order to chan	or 608.508, Florid ge its registered offi	a Statutes, the unce or registered of	idersigned limite gent, or both, in t	d liability compan; the State of Florida	<b>y</b> 
1. The name of the limited liab	ility company is: I	PRC, LLC				. •
2. The mailing address of the li	mited liability cor	npany is: 8151 PET	ERS ROAD, SUI	TE 3000	•	
PLANTATION FL 33324	·	· • <del></del>			,	
		· · · · · · · · · · · · · · · · · · ·				•
8/2/2005		- Control of the cont		L05000075658	7:3	
3. Date of filing/registration in	Florida		4. Document nu	mber	F0 8	77
5. The name of the registered a Florida Department of State:		stered office address	as shown on the	records of the	7 23	FILED
	NRAI SERVICE				0 / L	$I_{U}$
		Name			그의 를	<b>E O</b>
	2731 EXECUTIV	E PARK DRIVE,	SUITE 4		70 7	き
		Address			97	_
	WESTON FL 3	3331 City, State and Zi		·	5.0	
			P		<i>y</i>	
3. The name and address of the	new registered as	gent and/or office:				
•	Corporate Creation					
		Name				
		Farms Road #221E				
		address (P.O. Box N				
	Paim Beach Gard	lens FL City, State and Zi		<del></del>		
		•				
If the limited liability company or changes are made, the Floric identical. Or, in the case of a F an affirmative vote of the mem the operating agreement of the (Signature of a member or authorize	la street address of Torida limited liab bers of the limited limited liability of	f the registered officility company, it is liability company company company.	e and the business hereby confirmed	s office of the reg that the change(s	ristered agent will b s) was/were authori	e zed by
by S. Simons as attorney-i	in-fact		<del></del>			
I hereby accept the appointmen of all statutes relative to the pro my position as registered agent in the registered office address.	oper and complete as provided for it	e performance of my n Chapter 608, F.S.	duties, and I am f Or. If this docume	familiar with and ant is being filed :	l accept the obligati to merely reflect a	ions of change
(Signature of Registered Agent)	MONE.	Samantha Simons	, Special Secretary	y		
<b>Divisio</b> : 10/99)	n of Corporati	ions, P.O. Box 6	327, Tallahass	ee, FL 32314		

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E . Palm Beach Gardens FL 33410 (561) 694-8107