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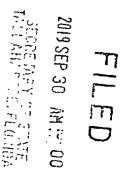
| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (business Entity Name) | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SULKER
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COVER LETTER

| TO: | Registration Section Division of Corporations | e. |
|-------|---|--|
| | • | |
| SUB. | PRS D, LLC JECT: | |
| | Name of Lin | nited Liability Company |
| Dear | Sir or Madam: | |
| The e | nclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. |
| Pleas | se return all correspondence concerning this matter | r to the following: |
| Alex | ς Shather | |
| | Name of Person | <u> </u> |
| PRS | S D, LLC | |
| | Firm/Company | |
| 901 | Brickell Key Boulevard, # 3608 | |
| - | Address | |
| Miai | mi, FL 33131 | |
| | City/State and Zip Code | |
| Ash | ather@asaengineering.net | |
| | E-mail address: (to be used for future annual repo | ort notification) |
| For f | further information concerning this matter, please | call: |
| Alex | c Shather | 305-586-5005 |
| | Name of Person | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| | Registration Section | Registration Section |
| | Division of Corporations | Division of Corporations |
| | Clifton Building | P.O. Box 6327 |
| | 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| | Tallahassee, Florida 32301 | |
| | Enclosed is a check for the following amour | ıt: |

☑ \$25 Filing Fee

 \square \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

| L N | ame of the limited liability company: PRS D, LLC | | |
|---|---|--|--|
| | | (b) | |
| _ (() | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 901 Brickell Key Blvd., # 3608 | 901 Brickell Key Blvd., # 3608 | |
| | Miami, FL 33131 | Mia | mi, FL 33131 |
| | 02/02/2009 | L090 | 000010304 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5 (6) | Alex Shather | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of 3950 NW 167 Street, Miami Gardens, FL 33 | | of State: |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | |
| | 3950 NW 167 Street | | 20 H |
| | Miami Gardens FL | 33054 | FIL 2019 SEP 30 3ECRETAR) |
| | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | | AM 12: 00 |
| | NEW Registered Office Address: | | |
| | 901 Brickell Key Blvd., # 3608 | | |
| | Miami FL | 33131 | |
| the chagent was/w the ar Sign I here provide the object to means. | limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the rature of a member of authorized representative of a member of the early accept the appointment as registered agent and agricions of all statutes relative to the proper and complete originations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this charge. | The registered ability compar of the limited liabili l | office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. LEX SHATHER Printed or typed name of signce is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed |