L12000098341

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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RESHUTANT OF STATE

COVER LETTER

TO: Registration Section Division of Corporations PRND LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Josh Field Name of Person SCB Marketing Firm/Company 5131 Industry Dr Ste 107 Melbourne, FL 32940 City/State and Zip Code iosh@scbmarketing.com For further information concerning this matter, please call: Josh Field Name of Person 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 amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.	Nar	ne of the limited liability company: PRND LLC				
2.	(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	EQUE NEWBLIDY CIDCLE			
	(a)		MELBOURNE, FL 32940	• • •		
		(Noie: MOST BE STREET ADDRESS)	WEEDOOMINE, I E 02940			
	(b)	The state of the s	5845 NEWBURY CIRCLE			
			MELBOURNE, FL 32940			
		//				
7/3	30/12		L12000098341			
3.	Dat	e of filing/registration in Florida	Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
•	(4)					
		Registered Agent:	BUSINESS FILINGS INC.			
		•				
		Registered Office Address:	515 E PARK AVE			
			TALLAHASSEE, FL 32301			
						
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
	` ´					
		NEW Registered Agent:	SPACE COAST BUSINESS LLC			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		<u> </u>	5845 NEWBURY CIRCLE			
		(MUST BE FLORIDA STREET ADDRESS)	MELBOURNE	TTL 00040		
			MELBOURNE	,FL <u>32940</u>		
If the limited liability company is not prespired under the layer of the State of Elevide, it is hereby						
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office						
an	d the	business office of the registered agent will be identified	cal. Or, in the case of a Florida	a limited		
lia	bilit	v company, it is hereby confirmed that the change(s)	was/were authorized by an affi	rmative-vote of		
the	e me	mbers of the limited liability company or as otherwis	e provided in the articles of org	ganization or		
the	e ope	crating agreement of the limited liability company.	[25] Add (45)	CI promi		
		$\frac{1}{2}$	Sec.	P (1)		
Sig	natur	of a member or authorized epresentative of a member	77			
-	•					
JO	SH FI	FIN)	0		
		or typed name of signee	- Pri	2		
7	<i>I</i>					
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						
an	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. On, 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.					
Cl	Unapter OUS, F.S. On if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.					
ш	11163	s, I hereby confirm that the unitied thibitity company	nus been nougieu in writing of	inis change.		
4						
Si	gnatur	e of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00