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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C1-30-14

COVER LETTER

INHS18 (2/14)

Registration Section Division of Corporations								
SUBJECT: PR Camillus LLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	s matter to the following:							
Susan DeMarco								
Name of Person								
Archer & Greiner, PC								
Firm/Company	<u> </u>							
1650 Market Street, 32nd Floor								
Address								
Philadelphia, PA 19103								
City/State and Zip Code								
brian@pearlmedia.com								
E-mail address: (to be used for future annu	ial report notification)							
For further information concerning this matter, p	please call:							
Susan DeMarco	215 246-3123							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee	☐ \$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.

1.	Na	me of the limited liability company: PR Camillus	LLC					
2.	(a)	Principal office address of limited liability company:	_ ((b)	м	ailing address of limited liabil	ity com	pany:
		(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POST OFF	-	
		1221 Brickell Ave., Suite 900			1221 Brid	ckell Ave., Suite 900		
		Miami, FL 33131	_		Miami, Fl	L 33131		
		February 12, 2013		L	_1300002	2566		
3.		Date of filing/registration in Florida	4.	_]	Document number		
5.	(a)							
-	(/	Registered Agent and Registered Office shown on the records of	the Flori	da I	Dept. of State:			
		RA Real Estate Services, Inc.	_					
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>55)</u>				
	•	48 East Flager Street, PH 105						
		Miami	3313	1			7	AIC.
							2	NOISIAIC BADES
	(b)	Enter name of NEW Registered Agent and/or NEW Registered					DEC 19	조 유 유당도
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	dd	<u>ress</u> :			SA.
		Brian D. Cohen					PĦ ૱	LEU LY OF STATE CORPORATIONS
		NEW Registered Office Address:					: 47	A SECTION
		1221 Brickell Ave., Suite 900						75
		Miami	_3313	1				
		, rt	-					
th ag wa	e cha ent v as/wo	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reg ability of the li	gisi coi mi	tered office mpany, it is ted liability	and the business office of hereby confirmed that the company or as otherwis	of the i	registered nge(s)
(F	July	Ві	ria	n D. Cohe	en, Senior Vice Presi	dent	
		ture of a member or authorized representative of a member				Printed or typed name of sign		
pr th to no	here ovisi e obl mer otifie	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igutions of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree.to a perfor ed for in hereby	ict ma i C co	in this capa ince of my a hapter 605, nfirm that t	icity. I further agree to c luties, and I am familiar F.S. Or, if this docume he limited liability comp	omply with a it is be any ha	with the nd accept eing filed is been
<u>e</u>	gnátu	re of Registered Agent						