

L14000059617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 13 2014

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 118187 7627410

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 25.00

ORDER DATE : May 5, 2014

ORDER TIME : 5:28 PM

ORDER NO. : 118187-005

CUSTOMER NO: 7627410

CHANGE OF AGENT

NAME: PR DEVELOPERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
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CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: \_\_\_\_\_

**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. Name of the limited liability company: PR DEVELOPERS, LLC

2. (a) 17034 MEDICI WAY (b) 17034 MEDICI WAY

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

MONTVERDE FL 34756 MONTVERDE, FL 34756

3. 04/11/2014 4. L14000059617  
Date of filing/registration in Florida Document number

5. (a) RICK L SCHARICH  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17034 MEDICI WAY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MONTVERDE, FL 34756

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street  
NEW Registered Office Address:

Tallahassee, FL 32301

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 and the business office of the registered agent will be identical. Or, in the case of a Florida limited 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.

NICHOLAS J. LEFEVRE  
Signature of a member or authorized representative of a member

NICHOLAS J. LEFEVRE

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 605, 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.*

Sue G. Knight  
Signature of Registered Agent

Corporation Service Company BY:

Sue G. Knight  
Assistant Vice President

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

FILED  
14 MAY 12 PM 8:50  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE