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(((H160002690123)))



H160002680123ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Phone Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Souments @ MCDVD, COM

LLC REGISTERED AGENT CHANGE PRG CYPRESS LAKE, LLC

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H160002690123

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRG Cypress Lake, LLC	
	Limited Liability Company
Dear Sir or Madam:	
mt	Norman and Contabour autombited for City
The enclosed Registered Agent/Registered Office C	hange and ree(s) are submitted for riting.
Please return all correspondence concerning this ma	itter to the following:
Kathy Shin	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Pkwy · Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
InCorp Services, Inc./Processing-Kathy Shin_at	
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 32301	Tallahassec, Florida 32314
Enclosed is a check for the following amo	ount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

OCT 31 AM 9: 37

H 160002690123

t 140002010123 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: PRG Cypress La	ke,	LLC				
2.		0454 Malaba Blod 500 Davido 1995 64 00040			9454 Wilsl M	nire Blvd., 220, Beverly Hills ailing address of limited liability of (Note: MAY BE POST OFFICE	ompany:	212
		(Title alega pagenage apprecia	ī	•	·	CHE MOT DE LUGI WITTER		,-
		10/10/2014	•	L	14000158			
3.		Date of filing/registration in Florida	4.			Document number		=
5.	(a)	PRG VICTORIA, LLC					5	A CO
		Registered Agent and Registered Office shown on the records of the	Flor	ida E	Pept. of State:	,	16 OCT 31	웃쥐
		12512 Victoria Place Circle					い	ASS
		Registered Office Address (MUST RE FLORIDA STREET AD.	DRE	<u> 33)</u>				SEC
						,	=	
		Orlando .FL		328	328		ؿ	FLORIDA
							3	
	(b)	InCarp Services, Inc.						
		Enter name of NEW Registered Agent and/or NEW Registered Of	fice	nddr	<u>ess</u> :			
		17888 67th Court North					• ,	
		NEW Registered Office Address:						
		Loxahatchee ,FL_		334	170			
the age	chaent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the line of organization or the operating agreement of the line of the li	e re ility he li nite	giste con imit d lia	ered office apany, it is ed liability bility comp	and the business office of the hereby confirmed that the election company or as otherwise propany.	e regist nange(s)	er e d)
V,	ionat	ure of a member of a puthorized representative of a member	<u>M</u>	arc	Nourafcha	an Printed or typed name of signee		
I I protein the to to	ereb ovisio obli mere ified	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided fo ly reflect a change in the registered office address, I her I in Artitle of this change.	to derfor or in eby	nct in mar 1 Ch 1 con	n this capa ice of my di apter 605, firm that th		oly with and ac being fi has bee	the cept iled n

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

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