Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007

Phone Fax Number : (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future



LLC REGISTERED AGENT CHANGE PRG VICTORIA, LLC

annual report mailings. Enter only one email address please.

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Corporate Filing Menu

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COVER LETTER

	istration Section sion of Corporations						
SUBJECT:	PRG Victoria, LLC						
Name of Limited Liability Company							
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Office Chang	ge and fe	e(s) are submitted for filing.				
Please return	all correspondence concerning this matter	to the fol	lowing:				
	Kathy Shin						
	Name of Person		•				
inCorp Ser	vices, Inc.						
	Firm/Company		•				
3773 Howa	ard Hughes Pkwy · Suite 500S Address	<u> </u>	•				
	Address						
Las Vegas	, NV 89169-6014						
	City/State and Zip Code						
documents	@Incorp.com						
E-mail	address: (to be used for future annual repor	t notifica	tion)				
For further i	nformation concerning this matter, please co	ill:					
InCorp Ser	vices, Inc./Processing-Kathy Shin at (800	246-2677				
	Name of Person	1	Area Code & Daytime Telephone Number				
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations Ion Building I Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassec, Florida 32314				
Enclosed is a check for the following amount:							
12 1 \$1	25 Filing Fee	\$55]	Filing Fee & Certified Copy				
INHS18 (2/14	*)						
	H16000	2(d	102-33				

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 Victoria, Li	rc					
2. (9454 Wilshire Bivd. Ste 220 Beverly Hills, CA 90212 Principal office address of limited liability company:		(b) 9454 W	ilshire Bivd. Ste 220 Be Mailing address of limite			
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POS			
			_					
		•						
		06/29/2015	_	L150001				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	PRG CYPRESS LAKE, LLC						
		Registered Agent and Registered Office shown on the records of the	e Flor	ida Dept, of St	ate:			
		13001 Lake Cypress Circle			_ -			
		Registered Office Address (MUST RE FLORIDA STREET AL	DKE	<u> </u>				
				····	-			
		Orlando , FL		32828	_ ,			
	LS	InCorp Services, Inc.						
U	b) .	Enter name of NEW Registered Agent and/or NEW Registered O	ffice	address:	_		ص ص	
		. . .					CT	
		17888 67th Court North			· 	SS	$\frac{\omega}{2}$	a Verse
		NEW Registered Office Address:			ž		A	
				 		Fo	•	
							60	F-4-0-14
		Loxahatchee , FL_		33470	_ _) M	. C	•
If th	e lii	mited liability company is not organized under the laws	of ti	ie State of F	lorida, it is hereby cor	ıfirmed i	that aft	er
the cagen	t w	nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab.	ie re ility	gistered offic company, it	ce and the business of is hereby confirmed th	fice of the	ie regi: hange(stered 's)
WBS/	we:	re authorized by an affirmative vote of the members of a legy of organization or the operating agreement of the lin	the l	inited liabili	ity company or as othe	rwise pr	rovided	in
	11 614	If you began and on or the operating agreement of the m		arc Nourefo	- ·			
Sig	nati	the of a member or authorized representative of a member	. 101	arc Nouigit	Printed or typed name o	fsignee		
I he prov the c	reb Isid bli ere	y accept the appointment as registered agent and agree has of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f by reflect a change in the registered office address, I he in whiting of this change.	to derfor for in reby	ict in this cap mance of my i Chapter 60 confirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc t the limited liability c	to compiliar with ument is ompany	ply wit and a being has be	h the eccept filed en
					orp Services, Inc.			
		Division of Corporations P.O. Bo			ssee, FL 32314			

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