

L1500017265
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**LLC REGISTERED AGENT CHANGE
PRC ASSOCIATES, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

J. HARRIS
JUN 03 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRC ASSOCIATES, 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:

TERESA CARRASCO
Name of Person

AHIP-FLORIDA, LLC
Firm/Company

PO BOX 6600
Address

NEWPORT BEACH, CA 92658
City/State and Zip Code

TCARRASCO@ALLIANCEIMAGING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA CARRASCO at (949) 242-5406
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. Name of the limited liability company: PRC ASSOCIATES, LLC

2. (a)

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

1761 N. CLYDE MORRIS BLVD., SUITE 100
DAYTONA BEACH, FL 32117

(b)

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

PO BOX 6600
NEWPORT BEACH, CA 92658

10/07/2015

3.

Date of filing/registration in Florida

4.

L15000171265

Document number

5. (a)

NRAI SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 S. PINE ISLAND RD.

PLANTATION, FL 32117

(b)

CT CORPORATION SYSTEM

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

NEW Registered Office Address:

1200 S. PINE ISLAND RD.

PLANTATION, FL 33324

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.

Signature of a member or authorized representative of a member

RICHARD W. JOHNS

Printed or typed name of signer

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.

Tristan Emrich
Signature of Registered Agent

Tristan Emrich- Assistant Secretary

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