(1)	Requestor's Name)						
(/	Address)						
(Address)							
(0	City/State/Zip/Phone #)						
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(Document Number)							
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SECRETARY OF STATE
TALLAHASSET FLORING

n rruce Aug 10 2018

COVER LETTER

Division of Corporations			
PRS Homes LLC SUBJECT:			
	ne of Limited L	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the	following:	
Dixie Black			
Name of Person			
PRS Homes LLC			
Firm/Company			
3930 S. Nova Road, Suite 305			
Address		_	2 1
Port Orange FL 32127			TEARA CEARA
City/State and Zip Code			6-3
prshomes.dixie@gmail.com			, , ,
E-mail address: (to be used for future an	nual report notif	ication)	PH 2: A
For further information concerning this matter	, please call:		\$6 5
Dixie Black	352	478-1828	
Name of Person	at (Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	□ S:	55 Filing Fee & Certified Copy	

INHS18 (2/14)

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: PRS	Homes LLC						
2. (a)			(b)					
Z. (u)	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	ompany:	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3. 5. (a)	Date of filing/registration in Floric Dixie Black Registered Agent and Registered Office shown on the		4.	Dept. of St	5000 190 Document numb	813 C	f	
	Registered Office Address (MUST BE FLORID. 111 N Orange Avenue	A STREET ADD	RESS)		_			
	Orlando	. FL 32	801		····		350	2018
(b)							発表	AUG -
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Off	ice addr	ress:	_		S 22.33 S 22.33 S	3 PH
	NEW Registered Office Address:				_			5; t 2
	3930 S. Nova Road, Suite 305				_		**	
	Port Orange	FL_32	127					
the cha agent w was/we	imited liability company is not organized un nge or changes are made, the Florida street will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the recessor of the recessor of the recessor of the operating agreem	address of the Himited Habil members of th	registe ity con le limit	ered offi ipany, it ed liabil	ce and the business is hereby confirmative company or as	s office o	of the regis te change(stered s)
7	ableule		Dixie	Black				
Signat	ure of a member or authorized representative of a mer	mber			Printed or typed na	me of sign	ce	
provision the obli to piero	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent of twreflect a change in the registered office of in writing of the change.	t complete ner	forman	$ice\ ot\ m$	eduties and Lam (lamiliar v	with and a	iccent.