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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations							
SUBJECT: PRG DVRIYN, LLC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	er to the following:						
FORREST GIBSON Name of Person							
PRG DEVFlopMENTS, INC.							
10739 DEFRWOOD PARK Blud: Address	4301						
Tecksonville, FZ 32256 City/State and Zip Code							
E-mail address: (to be used for future annual rep	ort notification)						
For further information concerning this matter, please	call:						
FORREST GIBSON at (_	904) 399 5222 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.

I. Na	me of the limited liability company: PRG DUR	BIN	1C			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing :	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10739 DERWOOD PARK BIND:#310 TACKSONVILLE, FL 32256	_				
	Date of filing/registration in Florida	<u> </u>	L16000z	10624		
3.	Date of filing/registration in Florida RAX Co.	4.	Docum	nent number		
5. (a)	Registered Agent and Registered Office shown on the records of the STREET # 3 Registered Office Address (MUST BE FLORIDA STREET A	3300	lept, of State:			
(b)	Tacksawille FL PRE Developments Tac Enter name of NEW Registered Agent and/or NEW Registered	-	202 ess:	널	2019 🚞 🗧	;
	10139 DEPRUSOD PARK Blud. NEW Registered Office Address:	<u>.</u> #	310_		5 PH 2: 12	
	Jacksonville, .FL	3229	56			
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility con f the limite limited lia	ered office and the spany, it is herebord liability compositity company.	ne business office y confirmed that the sany or as other	ce of the at the cha wise pro	registered
Signat	urg of a member or authorized representative of a member		FRREST G	or typed name of	signee	
I hereb provision the oblination to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided livereflect a change in the registered office address. I have been also been the change of this change.	ee to act ii	r this capacity	l further agree .	to compl	ly with the and accept being filed as been