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(Requestor's Name)									
(Address)									
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(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Certificates of Status									
Special Instructions to Filing Officer:									
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SECRE GLY GLUARE

TO: Registration Section Division of Corporations									
CT: PRAGER MANAGEMENT CO., 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:									
Aimee Vasquez									
· · · · · · · · · · · · · · · · · · ·									
Name of Person									
Registered Agent Solutions, Inc.									
Firm/Company									
1701 Directors Blvd., Suite 300									
Address									
Austin, TX 78744									
City/State and Zip Code									
Hoyd: leanse@prager.com account payable @ prager com									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Aimes Ves 200 - 705 7074									
Aimee Vasquez 888 705-7274									
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 32314 Tallahassee, Florida 32301									
Enclosed is a check for the following amount:									
■ \$25 Filing Fee									
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: PRAGER MAN	IAGE	ΞM	ENT CO	., LLC			
2. (a		ONE MARITIME PLAZA, 10TH FLOOR		(b)	ONE MA	ARITIME PLAZA	10Th	I FLC	OOR
(.	.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		SUITE 1000			SUITE 1	000			
		SAN FRANCISCO, CA 94111	-		SAN FR	ANCISCO, CA 9	94111		
		01/25/2005		N	л050000	00355			
3.		Date of filing/registration in Florida	4.	_	,	Document number			
5. ('a)	CORPORATION SERVICE COMPANY							
J. ((**)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	e Florid	da I	Dept. of State	- :: .			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SS)</u>		•	72.0		
						-		<u> </u>	
		TALLAHASSEE	3230	1-2	2525			ĦÀY	
	(Ե)	Registered Agent Solutions, Inc.					3388 7. X.S.	31 Å #	ge au
,	•	Enter name of NEW Registered Agent and/or NEW Registered Office address:					رن. دن ن يد	-	e men
		155 Office Plaza Dr., Suite A					SUNC.	යා කෘ	
		NEW Registered Office Address:					,		
				···					
		Tallahassee , FL	3230°	1_		_			
the dager	cha it v	mited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he reg bility of the li- imited	gist cor mit	ered office npany, it is ted liability	e and the business of s hereby confirmed y company or as of apany.	office of that the	the re	gistered gc(s)
Sig	jjät	we of a member or authorized representative of a member,		_	·-·	Printed or typed name	of signe	:	
the o	risii bli ere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	erforn for in ereby (na Ci coi	nce of my d hapter 605 nfirm that i	acity. I further agr duties, and I am far , F.S. Or, if this do the limited liability	ree to co miliar w ocument compai	mply v ith and is bei ny has	vith the d accept ng filed been
		Adam Saldana, A	Asst. :	Se	cretary				

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

Signature of Registered Ament