## M1400000 8646

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

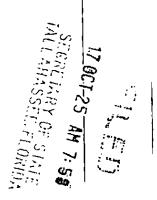




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OCT 26 2017 J SHIVERS

## 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	ame of the limited liability con	mpany: PR TRS, LLC						<u> </u>
2. (a)	7500 Dobson Road, Suite 300		(b)	(b) P.O Box 4090				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of (Note: MAY B			
	Scottsdale	AZ 85256		Scottsda	ile, AZ 85261			
	12/04/2014 M1400000			08646				
3.	Date of filing/regist	ration in Florida	4.		Document nu	mber	ļ	
5. (a)	C T Corporation System						-	
J. (a)	Registered Agent and Registered O	Office shown on the records o	f the Florida	Dept, of Stat	– e:		1	
	1200 South Pine Island Ro	ad					1	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					1		
	11.12						-	ļ
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	Plantation	, F	L <u>33324</u>		_	≥5	1	
(b)						CA SA	7-B	
	Corporation Service Compa	<del> </del>	<del> </del>		_	出作	Ċ	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					SS	-8CT-25 AM	1
						- B6		
	1201 Hays Street			·- <del></del> -	_			F V
	NEW Registered Office Address:						7: 5	
					-	) }		
	Tallahassee	, F	L <u>32301</u>		<b>-</b>			
the cha agent v was/we the arti	imited liability company is no inge or changes are made, the vill be identical. Or, in the ca ere authorized by an affirmati- cles of organization or the op	Florida street address of a Florida limited live vote of the members erating agreement of the	of the regist liability con of the limi e limited li	ered office npany, it i ted liabilit ability con	e and the busin s hereby confit y company or a npany. orized Person	ess office or rmed that thas otherwis	of the ne cha e prov	registered nge(s)
Signa	tuse of a)member or authorized repre	esentative of a member			Printed or typed	name of sign	ee	
provisi the obl to meri	by accept the appointment as ons of all statutes relative to igations of my position as regely reflect a change in the reg d in writing of this change	registered agent and ag the proper and complet istered agent as provid istered office address, t O 1	gree to act e performa ed for in C I hereby co	in this cap nce of my hapter 603 nfirm that	acity. I further duties, and I a 5, F.S. Or, if th the limited liab	r agree to c m familiar nis documen bility compo	comply with a nt is b any ha	with the and accept eing filed as been
Signatu	re of Registered Agent Corporati	on Service Company	ВҮ: Аг	ni M. Cas	per, Asst. Vic	ee Presider	nt	
	Division of	of Corporations P.O.	Box 6327	• Tallahas	ssee, FL 32314	ı		

FILING FEE: \$25.00