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COVER LETTER

TO:

Amendment Section Division of Corporations

Public Resources Advisory Group, Inc.

Name of Corporation

DOCUMENT NUMBER:

P23950

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Henry

Name of Contact Person

Public Resources Advisory Group, Inc.

Firm/Company

39 Broadway, Suite 1210

Address

New York, NY 10006

City/State and Zip Code

bhenry@pragadvisors.com

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

For further information concerning this matter, please call:

Brenda Henry
Name of Contact Person

at (212) 566-7800 ext. 277

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of New York er to change its registered office or registered agent, or both, in the State of Florida. | |
|---|---|--|
| 1. The name of | the corporation: Public Resources Advisory Group, Inc. | |
| | l office address: 39 Broadway, Suite, 1210 | |
| | New York, NY 10006 | |
| 3. The mailing a | address (if different): 39 Broadway, Suite 1210 | |
| <u> </u> | New York, NY 10006 | |
| 4. Date of incorp | rporation/qualification: 04/24/1985 Document number: P23950 | |
| | d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | Marianne F. Edmonds, Sr. Managing Director. | |
| | 100 Second Avenue South, Suite 903 | |
| | St. Petersburg, FL 363701 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | ************************************** |
| | Marianne F. Edmonds, Sr. Managing Director | |
| | 150 Second Avenue, North, Suite 400 | |
| | P.O. Box NOT acceptable | |
| | St. Petersburg, FL 33701 | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, l be identical. | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the corporation has been notified in writing of the change. | |
| · > _ | Steven Peyser, President | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. 10 - /8 - 2016 mature of Registered Agent Date | |
| If signing on bel | ehalf of an entity: | |
| Marian | ine F. Edmonds | |
| Ty | yped or Printed Name | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *