D92000011117

CAPITOL CORPORATE SERVICES, INC.

July 16, 1997

FLORIDA DEPARTMENT OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: PRG FLORIDA XI, INC.

Dear Filing Clerk:

00002242380---0 -07/21/97--01031--016 *****35.00 ******35.00

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 1321 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

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Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida		
submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. 1a. The name of the corporation is: PRG FLORIDA XI, INC.		
2. The name and address of the current reg	gistered agent and office:	الله 61
1200 South Pine Island Rd., Plantation	ı, Fl 33324	27
The name and address of the new register (P.O. Box Not Acceptable)	ered agent and office:	0;; 14: 2
NRAI Services, Inc.		<u></u>
526 East Park Avenue, Tallahassee, Florida 32301		
The street address of its registered agent and of its registered agent as changed will be ide	entical.	
Such change was authorized by resolution d an officer so authorized by the board.	uly adopted by its board of di	rectors or by
feeland 1. D'Aune	Richard D'Amico, Vice President	
SIGNATURE 7-11-97 DATE	Typed or printed name and	d title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: Ollanie
(Registered

Capitol Corporate Services, Inc. P.O. Box 1831 Austin TX 78767 800/345-4647

FILING FEE: \$35.00

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