0,14222 Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. Prime Rate Ranch, Inc. (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Certificate of Status FLOR ☐ Will wait Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent 97 SEP 25 AM 9: 05 DIVISION OF COMPURATION **Domestication** Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS **QUALIFICATION** Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

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 of Florida.

1a. The name of the corporation is: Primal	me Rate Ranch, Inc.
1b. Date of incorporation 2/12/97	Document number P9700001422
2. The name and address of the current recomporation Company of Miami, 20 1600 Miami Center, Miami, FL 33	ol S. Biscayne Boulevard
3. The name and address of the new register (P.O. Box Not Acceptable) Aristides Martinez 401 Miracle Mile, Suite 302 Coral Gables, FL 33134	red agent and office:
The street address of its registered agent an of its registered agent as changed will be ide	d the street address of the business office ntical.
Such change was authorized by resolution d an officer so authorized by the board.	uly adopted by its board of directors or by
SIGNATURE 7 DATE	Aristides Martinez, President Typed or printed name and 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.

DATE Registered Agent)

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

CR2E045 (7-91)

FILING FEE: \$35.00