116000201995

(Requ	uestor's Name)	
(Address)		
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Nai	me)
(Document Number)		
Certified Copies	Certificate.	s of Status
Special Instructions to Filing Officer		

Office Use Only



600356663996

RECEIVED

THE LITER 9:

2223021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:12/	16/2020	
	ennifer Bialowas	_
Reference #:	1303927	_
Entity Name:		ANDA PSL LLC
Articles of	Incorporation/Authorization	to Transact Business
Amendme	nt	
Change of	Agent	
Reinstater	nent	
Conversio	n	
Merger		
Dissolution	n/Withdrawal	
Fictitious N	Name	
Other		
Authorized Amou	nt: 25.00	
Signature:	4	

}

P: +852.2682.9633

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/16/2020	
Name:	Jennifer Bialowas	<u></u>
Reference #:		
Entity Name:	FLYING	PANDA PSL LLC
	s of Incorporation/Authorizatio	
Amend	dment	
✓ Chang	e of Agent	
Reinst	atement	
☐ Conve	rsion	
Merge	r	
☐ Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized Ar	mount: 25.00	
Signature:		

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Flying Panda PSL LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Name of Person	
Firm/Company	
Address	
City/State and Zip C	:ode
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this r	natter, please call:
Name of Person	at ()
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	
Enclosed is a check for the follo	owing amount:

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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	nme of the limited liability company:		FLYII	NG PANDA PSL LLC
2. (a)	86 N UNIVERSITY AVE STE 350		(b)	86 N UNIVERSITY AVE STE 350
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited liability company: \(\textit{Note: MAY BE POST OFFICE BOX}\)
	PROVO, UT 84601			PROVO, UT 84601
	11/22/2016	_	_	L160000207995
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPROATION SERVICE COM	IPANY		
J. (d)	Registered Agent and Registered Office shown on the records o		ida Dept	, of State:
	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRI:	(55)	20%
	TALLAHASSEE	'I	32301	2070 DEC 17 AM 9: 07
(b)	COGENCY GLOBAL INC.			A 9
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	<u>address</u> :	0
	115 North Calhoun Street, Suite	e 4		_
	NEW Registered Office Address:			
	Tallahasasa		22201	
	Tallahassee , F	l	32301	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the re liability of the l	gistered compa imited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
***	Berliet jegs -	_		Gordon O. Jesperson
-	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing its assention as registered agent as providely reflect a change in the registered office address, left in writing of this change.	gree to c e perfor led for it I hereby	ict in the mance n Chap confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
	Rodney Waller			
Signatu	re of Registered Agent			

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

INHS18 (2/14)