P07000047650

(Requestor's Name)	
(Address)	400162203
(Address)	100102200
(City/State/Zip/Phone #)	
☐ P≀CK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	- : 10/29/099+031 - -026
(Document Number).	TAS
Certified Copiesa_a Certificates of Statusa_a	CRETAS
Special Instructions to Filing Officer:	SEE FL
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	10.29-07

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COVER LETTER

TO: Amendment Section Division of Corporation	ons	
SUBJECT:	PSSE, INC.	
· · · · · · · · · · · · · · · · · · ·	Name of Corporation	- -
DOCUMENT NUMBER:	P07000047650	
The enclosed Statement of Cha	ange of Registered Office/Agent and fee are submitted	I for filing,
Please return all correspondence	ce concerning this matter to the following:	
	RENEE ADWAR,ESQ.	
	Name of Contact Person	
	RENEE ADWAR,P.A.	
	Firm/Company	
	848 BRICKELL AVE. SUITE 830	
	Addiess	
MIAMI, FL 33131 City/State and Zip Code		
	Chy-State and 7.1p Code	
RADWARPA@BELLSOUTH.NET		
E-mail add	dress: (to be used for future annual report notifica	tion)
For further information concert	ning this matter, please call:	
JUDITH F	11 (= 1	374-4422
Name of Contac	ot Person 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

CR2F045 (8A05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of t	the corporation: PSSE, INC. office address: 3109 GRAND AVENUE, SUITE 446, MIAMI, FL 33133	
3. The mailing a	address (if different): 2951 CATALINA STREET, MIAMI, FL 33133	_
4. Date of incorp	poration/qualification: 4-18-07 Document number: P07000047650	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
·	WILKE, TODD W.	<u>_</u>
	2951 CATALINA STREET, MIAMI, FL 33133	
	HETA AAA	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	7
	WILKE, TROY	`
	2951 CATALINA STREET, MIAMI. FL 33133	4
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
	7 as authorized by resolution duly adopted by its hoard of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
- All	B. W. WW. WITKE Promed or treed manifold the	
	the appointment as registered agent and agree to act in this capacitic to the proper and complete performance to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speed notified in writing of this change.	
	10/18/09 Mature of Registered Apont	
	shalf of an entity:	
Tray 1	Wilhe	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314
CR2E045 (8-95)

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