## 575220

(Re	equestor's Name	*)		
(Ac	idress)			
(Ac	idress)			
(Ci	ty/State/Zip/Pho	ne #)		
PICK-UP	MAIT	MAIL		
(Вс	usiness Entity Na	ame)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				





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2022 NOV 29 PH 12: 57

RECEIVED 2022 NOV 29 PH 3: 53

NOV 3 0 2022

A. BUTLER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 162575 4803290					
AUTHORIZATION Spelle Reas					
COST LIMIT : \$ 35.00					
ORDER DATE: November 29, 2022					
ORDER TIME : 1:56 PM					
ORDER NO. : 162575-005					
CUSTOMER NO: 4803290					
CHANGE OF AGENT					
NAME: PERSONALIZED SERVICE, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					
EXAMINER:					

## **COVER LETTER**

	Amendment Section Division of Corporations					
Name of	CT: Personalized Service, Inc. f Corporation		<u></u>			
DOCUM	MENT NUMBER: 575220					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please re	eturn all correspondence concerning this matte	er to the following:				
	,					
Cristin B	Brown					
Name of	f Contact Person	<del></del>				
	Street Capital					
Firm/Co	• •	<del></del>				
	lison Ave., 11th Floor					
Address		<del> </del>				
	rk, NY 10022					
City/Sta	te and Zip Code					
	cristin@atlanticstreetcapital.com					
E-mail	address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please call:						
Cristin B		at ( 332	216-4930 Daytime Telephone Number			
	Name of Contact 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	Street Address: Amendment Section Division of Corpo				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation o	.0502, 607,1508, or 617,1508, Florida rganized under the laws of the State of egistered agent, or both, in the State of	Florida
1. The name of t	he corporation: Personalized Servic	e, Inc.	
2. The principal	office address: 3700 S US HWY 1, F	FORT PIERCE, FL 34982	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 06/01/1978	Document number: 575220	)
	street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file wigned)	vith the
	CHRISTINE NISA MULROONEY		
	3700 S US HWY 1		_
	FORT PIERCE	FL 34982-8211	13
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered o	2022 HOV 29
	Corporation Service Company		
	1201 Hays Street		PH 12: 5
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the st be identical.	reet address of the business office of i	its registered agent,
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of directors or by an in notified in writing of the change.	ı officer so
	Sottney li	Sidney Li, Vice President	
Signatur	e of an officer or director	Printed or typed name and	title
of my duties, and document is bein corporation has Corporation	A Lam familiar with and accept the		ed avent. Or. if this
By: Cyrun Sign	nature of Registered Agent	11/29/2022 Date	
If signing on bel	nalf of an entity:		
— Ty	ped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314