## A 13885

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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Cartification of Status					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

20 July 30 PM 12: 59

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234-219

Re: PS PARTNERS, LTD.

Enclosed please find:

XX \_ Change of Registered Agent and Office.

XX Check in the amount of \$35 \_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	PS PARTN	IERS, LTI	D	
	Name of Limited Partnership or Lin	nited Liability	Limited Partnershi	p
2.	01/20/1983	3.	A138	85
Date of	Date of filing/registration in Florida		Florida document numb	
4. The name of Department of S	the registered agent and the registered state:	office address	as shown on the re	cords of the Florida
	C T Corporat	tion System	1	
	Nan			22
	1200 South Pine Island Road			
	Addr	ress	<del></del>	E 0 %
	Plantation, FL 333	24		60 4
	City, State	and Zip		PH 1
5. The name an	d Florida street address of the new regi	istered agent ar	nd/or office:	20 JAN 30 PH 12: 59
	Corporation Service Company			
	Nar	ne		
	1201 Hays Street			
	Florida street address (P.	O. Box not acc	ceptable)	
	Tallahassee	F	32301	
	City, State		<u>.                                      </u>	
Signature of Oct  I hereby accept comply with the	the appointment as registered agent ar provisions of all statutes relative to the	Person on behal and agree to act e proper and c	f of PS LPT Prope in this capacity. I omplete performan	
and I am familia Corp By:	ur with an accept the obligations of my poration Service Company	position as reg	gistered agent.	
Signature of Re	· · · · · · · · · · · · · · · · · · ·			
Ami M. Casp	per, Asst. Vice President			
Filing Fee: Certified Co	\$35.00 py (optional): \$52.50			