

A17 000 000 125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

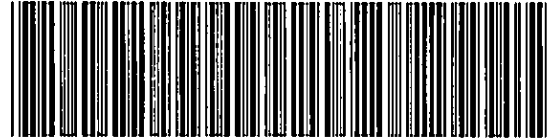
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSL Hospitality LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000125

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert Guarini

Contact Person

PSL Hospitality LLLP

Firm/Company

2450 Quantum Blvd

Address

Boyton Beach FL 33426

City, State and Zip Code

hospitalitygp@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Costas

at (561) 523-3699

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**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. PSL Hospitality LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/14/2017

Date of filing/registration in Florida

3. A17000000125

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joshua Gerstin

Name

6100 Hollywood Blvd Ste 515

Address

Hollywood FL 33024

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Joshua Gerstin Esq

Name

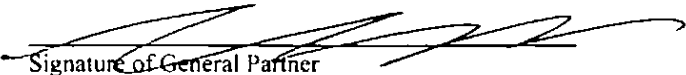
40 S. E. 5th St Suite 610

Florida street address (P.O. Box not acceptable)

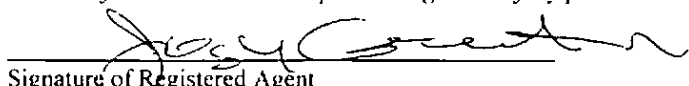
Boca Raton FL 33432

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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 obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

DEPARTMENT OF STATE
TALLAHASSEE, FL

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