## A25237

(Red	questor's Name)	-
(Add	dress)	··· <u> </u>
(Ado	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

20 J.H. 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#: 148234-210

Re: PS PARTNERS VIII, LTD., A CALIFORNIA LIMITED PARTNERSHIP

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.

OUCA.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 PARTNERS VIII,				<u>ERSHIP</u>
Name of Limite	d Partnership or Limited I	Liability Lim	ited Partnership	
2. 09/28/1987	•	3.	A25237	
Date of filing/registration	in Florida	F	lorida document numb	ber
4. The name of the registered ager Department of State:	at and the registered office	address as s	hown on the records o	
	C T Corporation S	System		
	Name			70
	1200 South Pine Island Road			三 美人
	Address		<del></del> -	الله الله
Plar	ntation, FL 33324			9 3
	City, State and 2	Zip		\(\frac{1}{2}\)
5. The name and Florida street add	dress of the new registered	l agent and/o	r office:	20 JAN 30 PH 12: 59
	orporation Service	Company	· · · · · · · · · · · · · · · · · · ·	
	Name			
	1201 Hays Str	eet		
Flori	da street address (P.O. Bo	x not accept	able)	
	Tallahassee	FL_	32301	
<del></del> _	City, State and 2			
6. Such thange(s) is/arc effective	when filed by the Florida	Department o	of State.	
Signature of General Partner Jill	Cilmi, Authorized Person	on behalf of	PS LPT Properties In	vestors, General Partner
I hereby accept the appointment as comply with the provisions of all stand I am familiar with an accept the Corporation Service By:  Signature of Registered Agent Ami M. Casper, Asst. Vice F	registered agent and agra atutes relative to the prop of Ohligations of my positi Company	ee to act in to er and comp	his capacity. I further dete performance of m	agree to
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50			