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

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

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#: 148234-279

Re: PSAF DEVELOPMENT PARTNERS, L.P.

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.	PSAF DEVELOPMEN	NT PARTN	ERS, L.P.		
Na	me of Limited Partnership or Lim	ited Liability Li	mited Partnershi	p	
2. 0	04/15/1997		3. B9700000178 Florida document number		
Date of filing/registration in Florida					
4. The name of the re Department of State:	gistered agent and the registered o	office address as	shown on the re	cords of the Florida	
	C T Corporation System			22 ~	
Name		_	020		
1200 South Pine Island Road				S A	· .
Address				- <u>ω</u>	
	Plantation, FL 3332	24		. 0	i Ferman
	City, State	and Zip	.		1 5 € 7≥12-
5. The name and Flor	ida street address of the new regis	tered agent and/	or office:	9: 38 PL	المتحديما
	Corporation Serv	ice Compan	у		
	Nam	e			
1201 Hays Street					
	Florida street address (P.C	D. Box not accep	otable)		
	Tallahassee	Fl.	32301		
	City, State	and Zip			
<u>Xie</u>	are effective when filed by the Flo	rida Departmen	t of State.		
Signature of General I	Partner Jill Cilmi, Authorized Pe	rson on behalf o	of PS LPT Prope	rties Investors, General	Partner
comply with the provi- and I am familiar with Corporation By: V Signature of Registere	ppointment as registered agent and sions of all statutes relative to the an accept the foolingations of my pon Service Company and Agent Asst. Vice President	proper and con	iplete performan		
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50				