## F13 000000 3369

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

Office Use Only



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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#: 148234-081

Re: PS FLORIDA ONE, INC.

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

20 July 35 64 1:01

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: PS FLORIDA ON	E, INC.	
2. The principal	office address: 701 Western Aver	nue, Glendale, CA 91201	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 08/02/2013	Document number: F13000003369	
	street address of the current regist tment of State: (If resigned, enter t	tered agent and registered office on file with the resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	
	1201 Hays Street P.O Box NOT acceptable		
	Tallahassee	FL 32301	
=		street address of the business office of its registered agent.	
authorized by the	is authorized by resolution duly a le board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
Xie	e 2 april	Jill Cilmi, Vice President	
I hereby accept I further agree to of my duties, an document is bei corporation has	a comply with the provisions of a	Printed or typed name and title gent and agree to act in this capacity. gent and complete performance the obligation of my position as registered agent. Or, if this tie in the registered office address, I hereby confirm that the thange.	
Ву:	Mel	01/29/2020	
SIE	half of an entity:	Date	
Ami M. Casper,	Asst. Vice President pred or Printed Name	-	

\* \* \* FILING FEE: \$35.00 \* \* \*