## F15000005694

(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:					
Special instructions to 1 lining Officer.					

Office Use Only



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20 JAN 30 PM 1: 01

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808 20 JAN 30 EN 1:01

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#: 148234-079

Re: PS FLORIDA ONE WEST STATE, INC.

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$35.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing. X<u>X</u>

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

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

statement of char	ige is submitted	for a corporation organ	ized under the lav	17.1508, Florida Statutes, this ws of the State ofDelaware	
in order	to change its r	egistered office or registe	ered agent, or bot	h, in the State of Florida.	
1. The name of the corporation: PS FLORIDA ONE		PS FLORIDA ONE WE	EST STATE, INC.		
2. The principal office address: 701 Western Avenue, Glendale, CA 91201					
3. The mailing ac	ddress (if differ	ent):			
4. Date of incorporation/qualification: 12/29/2015 Document number: F15000005694					
		of the current registered a [If resigned, enter resigne		ed office on file with the	
	C T Corporation	on System		<u> </u>	
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and (if changed):	street address of	of the new registered age	nt (if changed) an	d /or registered office	
	Corporation S	ervice Company			
	1201 Hays Street				
	P.O. Box. NOT acceptable				
	Tallahassee	<del></del>	FL	32301	
The street addre as changed will	ss of its registe be identical.	red office and the street	address of the bu	isiness office of its registered agent.	
Such change wa authorized by th	s authorized by	resolution duly adopted corporation has been no	l by its board of a tiffied in writing	directors or by an officer so of the change.	
لف 🗡	r B G	Onei	Jill Cilmi, Vice I		
Signatur	e of an officer or dir	ector		ted or typed name and title	
I further agree to of my duties, and document is being corporation has	o comply with d I am familiar ng filed merely	wilh and accept the oblice to reflect a change in the writing of this change.	utes relative to th igation of my pos e registered offic	this capacity. ne proper and complete performance sition as registered agent. Or, if this se address, I hereby confirm that the	
By: Cl, M Lev 01/29/2020					
Sign	hature of Registered	Agent 1		Date	
If signing on bel	half of an entity	y:			
Ami M. Casper,	Asst. Vice Pres				

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