## F150000005696

(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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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#: 148234-075

Re: PS FLORIDA ONE LAKE MARY, INC.

Enclosed please find:

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.

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 30 PM 1:00

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

statement of cha	nge is submitted for a corporation	17.0302, 607.1308, or 617.1308, Ftorida Statutes, a organized under the laws of the State of Delawa registered agent, or both, in the State of Florida.	
<ol> <li>The name of t</li> <li>The principal</li> </ol>	he corporation: PS FLORIDA Of office address: 701 Western Ave	NE LAKE MARY, INC. nue, Glendale, CA 91201	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 12/29/201	5 Document number: F15000005696	
5. The name and		stered agent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	20 JAN 30 PM 1: 02
	Corporation Service Company	<del></del>	¥30
	1201 Hays Street		20
		P.O. Box NOT acceptable	بب
	Tallahassee	FL 32301	02
The street addre	ss of its registered office and the be identical.	street address of the business office of its register	red agent,
Such change wa authorized by th	s authorized by resolution duly a board, or the corporation has b	adopted by its board of directors or by an officer speen notified in writing of the change.	50
X	r & Comi	Jill Cilmi, Vice President	
I hereby accept I further agree t of my duties, an document is bein corporation has	o comply with the provisions of i	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete pe the obligation of my position as registered agent, ge in the registered office address, I hereby confir shange.	erformance Or, if this m that the
By: ( ) 1	Mel	01/29/2020	
Sign	ature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President pped or Printed Name	-	

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