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(((H21000422148 3)))



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Division of Corporations

Fax Number

: (050)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

: (702)865-2500

Phone

: (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emell Address: managedreports@incorp.com

REGISTERED AGENT CHANGE PFS AMERICAS INC

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S. PRATHER

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PFS Americas Inc

Name of Corporation

DOCUMENT NUMBER: F20000000191

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. · Suite 500\$

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Ragland on behalf of InCorp Services, Inc. at 800-246-2677

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a co	rporation organized	07.1508, or 617.1508, Flor under the laws of the State agent, or both, in the State	e ofDE	<u>—</u>
1. The name of t	the corporation: PFS An	nericas Inc			
2. The principal	office address: 59 LIBE	RTY STREET, U	NIT 34		
		d, CT 06902			
3. The mailing a	ddress (if different):				
4. Date of incoη	poration/qualification:	12/16/2019	_ Document number:	F2000000019	91
	l street address of the cun tment of State: (If resigne		and registered office on fi	ile with the	
	LEGALCORP SOLUT	TIONS, LLC		 1	
	3440 W Hollywood B	lvd. Suite 415			2021 D
	Hollywood, FL 33021		_	HASSE 	DEC 2
6. The name and (if changed):	i street address of the new	v registered agent (if	f changed) and /or registere	ed office	P A
	InCorp Services, Inc.			X	10: 56 STATE
	17888 67th Court No	rth		Ä	<u>,</u>
	Loxahatchee, FL 334	P.O. Box NO 70	T acceptable		
The street addresses changed will	ess of its registered office be identical.	e and the street add	ress of the business office	of its registered a	gent,
Such change was authorized by the	as authorized by resolutions board, or the corporation	on duly adopted by ion has been notifie	its board of directors or b d in writing of the change	ry an officer so	
	100 PM	1/1 R	obert D. Lesser, Directo		
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as regi- to comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and ag sions of all statutes laccept the obligate a change in the re of this change.	Provied or typed name tree to act in this capacity relative to the proper and ion of my position as regis gistered office address, I l	J	nance if this it the
Sis	Medican State of Registered Agest		November 12	2, 2021	
ff signing on be	half of an entity:				
Isabel Burgos on	behalf of InCorp Services,	, Inc.			
T	yped or Printed Name				
	* *	* FILING FEE: (535.00 * " "		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 CR2E045 (04/13)