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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

Email	Address:			

REGISTERED AGENT CHANGE PSQ HOLDINGS, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi in order to change its registered office or register.	zed under the laws o	f the State of DELAW					
1. The name of the corporation: PSQ HOLDINGS	, INC.						
2. The principal office address: 250 S. AUSTRALIAN							
WEST PALM BEACH, FL 33410							
3. The mailing address (if different): 516 S. DIXIE HW	Y., PMB 191 WE	ST PALM BEACH, FL 3	33401				
4. Date of incorporation/qualification: 1/24/2024	Document murr	ber: F2400000038	2				
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned		ffice on file with the					
UNIVERSAL REGISTERED AGEN	TS, INC.						
1317 CALIFORNIA ST.	1317 CALIFORNIA ST.						
TALLAHASSEE, FL 32304	-						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Capitol Corporate Services, Inc.							
(if changed): Capitol Corporate Services, Inc. 515 East Park Avenue 2nd FI							
P.O. Box Tallahassee, FL 32301	NOT acceptable	.,	-9 AM				
The street address of its registered office and the street a as changed will be identical.	ddress of the busine	ess office of its registered	ت				
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been noticed.	by its board of direction in writing of the	ctors or by an officer so	တ				
Jim Giudia	Jim Gi⊔dice	GC/CLO					
Signature of an William of director		typed name and title					
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this tes relative to the pr ation of my position registered office an	capacity oper and complete perfor as registered agent. Or, dress, I hereby confirm th	mance if this rat the				
Bin Brokerti	08/	09/2024					
Signature of Registered Agent		Date					
If signing on behalf of an entity:							
Brian Radecki, Assistant Secretary on behalf of Ca	pitol Corporate S	ervices. Inc.					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

Typed or Printed Name