F98000002976

(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:				

Office Use Only



200288866282

08/16/16--01030--010 **35.00

85 812/16 SECRETARY OF STATE





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 12, 2016

Order#: 245199-009

Re: PSF MECHANICAL, 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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

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 cha	nnge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida St rganized under the laws of the State of \underline{W} rgistered agent, or both, in the State of Fl	/A	
1. The name of t	the corporation: PSF MECHANICAL,	, INC.		
2. The principal	the corporation: PSF MECHANICAL, office address: 11621 E MARGINAL	. WAY S, #A SEATTLE, WA 98168		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 05/26/1998	Document number: F9800000	2976	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with signed)	h the	
	REGISTERED AGENT SOLUTION	IS, INC.		
	155 OFFICE PLAZA DR., SUITE A		16 SEC TALL	
	TALLAHASSEE	FL 32301	AUG AHA	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered offic	16 PM	
	Corporation Service Company V	/	4: 03 FATE ORIDA	
	1201 Hays Street			
	P.O. Box Tallahassee	NOT acceptable FL 32301		
The street addre as changed will	ess of its registered office and the str be identical.	reet address of the business office of its	registered agent,	
Such change we authorized by the		pted by its board of directors or by an of a notified in writing of the change.	ficer so	
X	rie & agrie	Jill Cilmi	Vice President	
Signatu	re of an officer or director	Printed or typed name and title		
I further agree to performance of agent. Or, if this hereby confirm	'my duties, and I am familiar with ar	statutes relative to the proper and comp nd accept the obligation of my position o reflect a change in the registered office	as registered	
By: Ly	ace C. Kirble	08/11/2016		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President			
T	vped or Printed Name			

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314