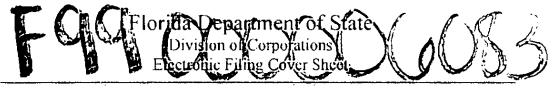
2022-05-04 12:06:11 PDT

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From: Kaity Toon

5/4/22, 2:03 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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 AMP, A PSI BUSINESS INC.

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J. HORNE MAY - 5 202

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Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporc	02, 617.0502, 607.1508, or 617.1508, Florida Statut ation organized under the laws of the State of Kans	as
		ce or registered agent, or both, in the State of Florid	la.
1. The name of t	the corporation: AMP, a PSI B	districts inc.	
2. The principal	office address: 611 N. Brand B	Blvd., 10th Floor	
	Glendale, CA	91203	
3. The mailing a	ddress (if different):		
4. Dateofincorp	oration/qualification: 11/22/1	999 Document number: F99000006083	
	f street address of the current interest address of the current of State: (If resigned, each	registered agent and registered office on file with the interresigned)	:
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301		Z022 HAY SECRETI
6. The name and (ifchanged):	I street address of the new reg	istered agent (if changed) and /or registered office	MAY -4 RETARY
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	₩ 3
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its regi	istered agent.
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	uly adopted by its board of directors or by an offic has been notified in writing of the change.	er so
/s/ Paul Dean Paul Dean, Treasurer		Paul Dean, Treasurer	
Signatu	re of an officer or director	Printed or typed name and tifle	
of my duties, an document is bei	id I am familiar with and acc ing filed merely to reflect a ch s been notified in writing of th	d agent and agree to act in this capacity, so fall statutes relative to the proper and complete ept the obligation of my position as registered age hange in the registered office address. I hereby conhis change.	e performance nt. Or, if this nfirm that the
/s/ Michele Ho	•	05/02/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Michele Holden,	Asst Sect		
T	yped or Printed Name		
	* * * F	TLING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: