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COVER LETTER

TO:	Registration Section
	Division of Cornoration

SUBJECT: ALFRESCO PSL HOLDINGS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric T. Salpeter, Esq.

Name of Person

Salpeter Gitkin, LLP

Firm/Company

200 S. Andrews Ave., Suite 503

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

simona@salpetergitkin.com

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

For further information concerning this matter, please call:

Eric T. Salpeter, Esq.

...954

467-8622

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

APR 15 PH 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability of	company: Alfresco PSL Holdi	ngs, LLC	
2. (a) Principal office address o (<i>Note: MUST BE STRI</i>		any: 13900 Country Road 455, Suite 107 Clermont, FL 34711	
(b) Mailing address of limiter (Note: MAY BE POST	d liability company: OFFICE BOX)	13900 Country Road 455, Suite 107 Ctermont, FL 34711	2013 APR
11/16/2011		L11000130746	ARY ARY
3. Date of filing/registration in F	Florida	4. Document number	79 3
5. (a) Registered Agent and Re	gistered Office shown	on the records of the Florida	Depend State:
Registered Agent:		Salpeter Gitkin, LLP	(2) Fig. (2)
Registered Office Address:	ss:		
		200 S. Andrews Ave., Suite 503 Ft. Lauderdale, FL 33301	
(b) Enter name of NEW Reg	<u>istered Agent</u> and/or <u>N</u>	NEW Registered Office add	ress:
<u>NEW</u> Registered Agent:		Alfresco Holdings, LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		13900 Country Road 455, Suite 107	
		Clermont	FL 34711
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby co the members of the limited liabil the operating agreement of the limited liability that the operation of the limited liability that the liability tha	or changes are made, the gistered agent will be id infirmed that the change in company or as other	e Florida street address of the entical. Or, in the case of a let (s) was/were authorized by a rwise provided in the articles	e registered office Florida limited an affirmative vote of
Signature of a member or selectived repres	entative of a member	······	
Christopher Godkin Printed or typed name of signee			
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept Chapter 608, F.S. Or, if this add address, I hereby confirm that the	t as registered agent an I statues relative to the of the obligations of my cument is being filed to be limited liability comp	d agree to act in this capacit proper and complete perfor position as registered agent merely reflect a change in th any has been notified in writ	y. I further agree to mance of my duties, as provided for in the registered office ting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent