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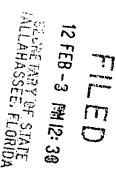
(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

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D. BRUCE FEB 0 6 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pselm 3703 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:	
James G Inkrott Name of Person	
Psalm 37 U3 LLC Firm/Company	
1017 Chisholm Estates Dr Address Address	T
Saint Cloud FL 3477/ City/State and Zip Code	77
E-mail address: (to be used for future annual report notification)	,
For further information concerning this matter, please call:	
Tames InkroH at (407) 193 2279 Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & Certified Copy	

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 company: Psalm	37 V 3 LL C
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	1017 Chisholm Estates Dr Saint Cloud, FLug 4771
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1017 Chishalm Estates Dr Saint Cloud, EL 45 3 4 27/
3. Date of filing/registration in Florida	<u>L 1/000 /43 /6/</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	United States Corporation Agents, In
Registered Office Address:	13362 Winding Oaks Court Suite A Tampa, FL 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	W Registered Office address: Tames G. Inkrott
(MUST BE FLORIDA STREET ADDRESS)	Saint Cloud, FL 34771
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Tame 3 G Introt Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pranal I am familiar with and accept the obligations of my particular of the provisions of the limited liability company. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of Registered Agent	

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