L13000166876

(Requestor's Name)				
(Address)	100339880			
(Address)				
(City/State/Zip/Phone #)	01/30/200102501			
PICK-UP WAIT MAIL				
(Business Entity Name)	S TALLENT			
	FEB 2 6 2020			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	1:1			

Office Use Only



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9 **25.00

RIA-CH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234/094

Re: PS LAKE WORTH HYPOLUXO 2013, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2 (a)	701 Western Avenue	(b)				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Glendale, CA 91201						
	12/02/2013		L13000)166876			
3.	Date of filing/registration in Florida	4.		Document no	umber		
5. (a)	C T Corporation System						
. (u)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of S	tate:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	_			
	Plantation , F			_	:	2020 JAH	
(b)						JAK	1
		<u></u>		<u></u>	•	30	,
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	<u>iress</u> :				. 0 1
	1201 Hays Street					PM ti:	
	NEW Registered Office Address:				i i'i	<u></u>	
	T.U.I.	00001					
	Tallahassee	L_32301					
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regis liability co s of the lim	stered off impany, i ited liabi	ice and the busi it is hereby conf lity company or	ness office o irmed that th	f the re e chan	egistered ge(s)
/s/	Jill Cilmi	Jill (Cilmi, Aut	horized Person			
Sign	ature of a member or authorized representative of a member			Printed or type	d name of signo	ee	
provis the ob to mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple digations of my position as registered agent as provid rely reflect a change in the registered office address, ad in writing of this change.	gree to act te perform led for in (I hereby co	in this co ance of m hapter 6 onfirm the	apacity. I furthen y duties, and I of 16, 505, F.S. Or, if it at the limited lic	er agree to co am familiar v this documen ability compo	omply with an of is being only has	with the d accep ing filed been
	(a, m V all						

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