

L14000036768

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2014 MAR 12 AM 9:38

MAR 13 2013
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 046601 7627410

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 10, 2014

ORDER TIME : 11:35 AM

ORDER NO. : 046601-005

CUSTOMER NO: 7627410

CHANGE OF AGENT

NAME: PSR DEVELOPERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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.

1. Name of the limited liability company: PSR DEVELOPERS, LLC

2. (a) 17034 MEDICI WAY (b) 17034 MEDICI WAY

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

MONTVERDE FL 34756

MONTVERDE, FL 34756

03/5/2014

L14000036768

3. Date of filing/registration in Florida

4. Document number

5. (a) RICK L SCHARICH

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17034 MEDICI WAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MONTVERDE, FL 34756

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ricky L Scharich

Signature of a member or authorized representative of a member

RICK L SCHARICH

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sue G. Knight
Signature of Registered Agent Corporation Service Company

BY:

Sue G. Knight
Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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