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(Daniel Maria
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JUL 2 8 2016 S. YOUNG

COVER LETTER

Division of Corporations				
PS Solutions LLC SUBJECT:				
	e of Limite	ed Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning the	is matter to	the following:		
Dennis Helper				
Name of Person				
PS Solutions LLC				1
Firm/Company			16 J	SECRI
7678 NW 6th Avenue			16 JUL 27	HASS.
Address				THE C
Boca Raton, FL 33487			PH 3: 05	LOS H
City/State and Zip Code			ហ	200
dhelper@runbox.com				
E-mail address: (to be used for future ann	iual report i	notification)		
For further information concerning this matter,	, please call	1:		
Dennis Helper	561	541-2663		
Name of Person		Area Code & Daytime Telephone Nu	mber	
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	Ţ	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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. Na	ame of the limited liability company: PS Solutions	s LLC				
2. (a)	PS Solutions LLC		(b) PS Sol	utions LLC		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited (Note: MAY BE POST	_	
	7678 NW 6th Avenue		7678 N	W 6th Avenue		
	Boca Raton, FL 33487		Boca R	aton, FL 33487	1888	
	03/14/2016		L160000	51418		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Helper, Dennis Jr.					
J. (a)	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept. of Sta	nte:		
				_		
	Registered Office Address (MUST BE FLORIDA STREET) 9858 Clint Moore Rd. C111 #102	<u> </u>	<u>SS)</u>		क	SEC
	Boca Raton	3348	7			AHA
	, .				27	
(b)				_	7	mak!
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office	address:		3: 05	SS
					5	
	NEW Registered Office Address:			_		
	7678 NW 6th Avenue					
	Boca Raton , F	_L 3348	7			
the cha agent v was/w	imited 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 authorized by an affirmative vote of the members teles of organization or the operating agreement of the	of the re liability s of the l	gistered officompany, it imited liabil	ce and the business of is hereby confirmed t ity company or as other	fice of the	e registered hange(s)
		D	ennis Help	oer Jr.		
Signa	ture of a member or authorized representative of a member			Printed or typed name of	of signee	
provisi the obt to mer	by accept the appointment as registered agent and a ions of all stabites relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, din writing of this change.	gree to d te perfoi led for i I hereby	ict in this ca mance of m n Chapter 60 confirm tha	pacity. I further agrey duties, and I am Jam 15, F.S. Or, if this doc 1 the limited liability o	e to comp iliar with cument is company	oly with the a and accept being filed has been

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

Signature of Registered Agent