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(Requestor's Name)								
(Address)								
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(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(D.)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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SECRETARY OF STATE
ALL MINSSEE, FLORIDA

duli Oc

TO: Registration Section

INHS18 (2/14)

COVER LETTER ,

Divi	sion of Corporations				
SUBJECT:	PS ROBINSON PROPERT	IES LLC			
Sebulett	Nai	ne of Limited	Liability Company		
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning th	nis matter to th	e following:		
SUSAN J.	HARDING				
	Name of Person		<u> </u>		
HARDING	BELL INTERNATIONAL, IN	IC.	•		
	Firm/Company		<u> </u>	·	•
113 PONT	OTOC PLAZA			ALL A	
	Address			ALLAS ALLAS	
AUBURNE	DALE, FL. 33823			rifies o	mi °
	City/State and Zip Code				
SUSAN.H	ARDING@HBITAX.COM				-
E-mail	address: (to be used for future and	nual report not	ification)		
For further in	nformation concerning this matter	, please call:			
SUSAN J.	HARDING	863	968-1010		
	Name of Person	ar (Area Code & Daytime Teleph	ione Number	
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Б П Р	AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314		
Encl	osed is a check for the following	g amount:			
2 \$2	25 Filing Fee		\$55 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 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 ROBINSO	N PRO	PERTIES	LLC			
2. (a)	HOLLYWELL, VALLEY ROAD	(þ)	(b) HOLLYWELL, VALLEY ROAD				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DARRINGTON	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DARRINGTON				
	PONTEFRACT WF8 3BX UK.	_	PONTEF	RACT WF	8 3BX UK.		
	04/29/2016		L1600008	5239			
3.	Date of filing/registration in Florida	4.		Document no	umber		
5. (a)	SUPERBIZ REGISTERED AGENT, INC.						
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	:			
	2761 VISTA PARKWAY, STE. E4						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			ھ ت ئىن		
					三 治 5		
	WEST PALM BEACH , FL	33411			器 8		
(b)	HARDING BELL INTERNATIONAL, INC.				ASSEST.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:				
	113 PONTOTOC PLAZA						
	NEW Registered Office Address:						
	AUBURNDALE	33823					
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of which is identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regisability confirmation the limited li	tered office mpany, it is ted liability com	and the busi hereby conf company or	ness office of the registered frimed that the change(s) as otherwise provided in		
Signa	ture of a member or authorized representative of a member	1740	UC DE	Printed or type	ed name of signee		
I here provisi the obl to mer notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to act	in this capa	icity I furthe	er agree to comply with the		