(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAJL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: October 24, 2019

Order#: 021928/002

Re: PSL MANAGER, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

 $\overline{XX}$  Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom 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.

1.	Na	me of the limited liability company: PSL MANAGER	. LLC		
2.	(a)	1 STEVENS ROAD #1	(b)	1 STEVENS ROAD #1	
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limit (Note: MAY BE PO.	
		WALLINGTON, NJ 07057	_	WALLINGTON, NJ 07057	
		05/08/2018		L18000111688	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T CORPORATION SYSTEM			
(6	()	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State:	
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del></del>	
					20
		PLANTATION	33324		TILED  2019 OCT 28 PH IZ: 25  SECRET RESERVED.
	(b)	Corporation Service Company		· · · · · · · · · · · · · · · · · · ·	20 7
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	)ffice add	ress:	
		1201 Hays Street			智 25
	NEW Registered Office Address:				F
		Tallahassee Fi	32301		
		, FI.	32301		
the age was	cha nt w s/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist bility cor `the limi	tered office and the business om pany, it is hereby confirmed ted liability company or as oth	office of the registered that the change(s)
		/S/ Beth Arici	Beth	Arici, Authorized Person	
S	ignat	ure of a member or authorized representative of a member		Printed or typed name	of signee
pro the to i	visie obli nere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I ha I in writing of this change.	ertorma.	nce of my duties, and Lam fan	niliar with and accept
Sia	natur	Linace C. Kuby	DV. C.	roan E. Kirby, Amer. Vices De	roeidant
. ug	uatul	e of Registered Agent Corporation Service Company	$\mathbf{D} 1 \in \mathcal{O}$	race E. Kirby, Asst. Vice Pr	CSIGCIII

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