## Ľ18000 112 686

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

Office Use Only



400335942154

10/28/19--01034--007 \*\*25.00

19 OCT 28 AM 9: 51

HOV 22 2019 C MCNAIR



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#: 021928/007

Re: PSL TP OFFICE 2, 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.

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. Nam	e of the limited liability company: PSL TP OFFIC	E 2, LLC	
2. (a) 1	STEVENS RD, #1	(b)	1 STEVENS RD, #1
(u) <u>-</u> -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(**)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	WALLINGTON, NJ 07057		WALLINGTON, NJ 07057
	05/09/2018	_	L18000112686
3.	Date of filing/registration in Florida	4.	Document number
(b)(	egistered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREET)  PLANTATION , FL  Corporation Service Company Inter name of NEW Registered Agent and/or NEW Registered  1201 Hays Street  NEW Registered Office Address:	<u>4DDRESS)</u> 33324	OCT 28 AH 9:51
-	Tallahassee FI.	32301	
the chang agent will was/were the article Signature I hereby provision the oblige to merely	nited liability company is not organized under the lavage or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of estated of organization or the operating agreement of the ISI Beth Arici e of a member or authorized representative of a member accept the appointment as registered agent and agrees of all statutes relative to the proper and complete ations of my position as registered agent as provide or reflect a change in the registered office address, I in writing of this change.	the regist ability con of the limit limited lia Beth	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.  Arici, Authorized Person  Printed or typed name of signee  This capacity: I further garge to comply with the

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