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(Requestor's Name)				
(Hogasotti S Hame)				
(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:				
- -				





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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#: 021928/009

Re: PSL TP RESTAURANT, 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. 3	Same of the limited liability company: PSL TP RESTA	URANT, I	LC
2. (a	1 STEVENS ROAD, #1	(b)	1 STEVENS ROAD, #1
2. (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		L18000112951
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T CORPORATION SYSTEM		
J. (c	Registered Agent and Registered Office shown on the records of t	he Florida 1	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
			3
		33324	Dept. of State:
	. 113_	00024	
· (b)	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
	400411		
	1201 Hays Street NEW Registered Office Address:		
	Negative Video Address.		
	Tallahassee	32301	
the cl agent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	's of the S the registe bility con f the limit	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	/S/ Beth Arici	Beth .	Arici, Authorized Person
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi, the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change	ve to act is performan I for in Ch ereby con	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signat	ure of Registered Agent Corporation Service Company	RV: Gra	ce E. Kirby, Asst. Vice President

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