(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
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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#: 021928/010

Re: PSL TP RETAIL 1, 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.

Name of the limited liability company: PSL TP RETAIL	1, LLÇ	
1 STEVENS ROAD, #1	(b)	1 STEVENS ROAD, #1
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	_	L18000112963
Date of filing/registration in Florida	4.	Document number
C T CORPORATION SYSTEM		
/	ne Florida	Dept. of State:
1200 SOUTH PINE ISLAND ROAD		
	DDRESS)	<u> </u>
		2017 2017 2017
PLANTATION, F1	33324	19 OCT
) Corporation Service Company		ARY OF SEEL OF
Enter name of NEW Registered Agent and/or NEW Registered C)ffice add	Iress:
1201 Have Street		
NEW Registered Office Address:		
Tallahassee	32301	
nange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of	he regist pility cor the limit	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
/S/ Beth Arici	Beth Arici, Authorized Person	
nature of a member or authorized representative of a member		Printed or typed name of signee
sions 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 have a lin writing of this change	verforma for in Cl vreby con	ince of my duties, and I am familiar with and accept Thanter 605 F.S. Or if this document is being filed
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) WALLINGTON, NJ 07057 05/09/2018 Date of filing/registration in Florida C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the segistered Office Address PLANTATION FI. Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office Address: Tallahassee FI. Imited liability company is not organized under the law hange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability actions of organization or the operating agreement of the law hange of the members of ticles of organization or the operating agreement of the law hange of the appointment as registered agent and complete politications of my position as registered agent as provided and in writing of this change.	STEVENS ROAD, #1 (b Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

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