L1800 113 069

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(5)	usiness Entity Mai	ne,		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filian Officer				
Special Instructions to Filing Officer:				

Office Use Only



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10/28/19--01034--006 **25.00

INTERIOR OF CORPORATION
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

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Meghan Groom meghan.groom@cscglobal.com

Date: October 24, 2019

Order#: 021928/011

Re: PSL TP RETAIL 2, LLC

Enclosed please find:

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

ȘTATEMENT 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. 1	lame of the limited liability company: PSL TP RETAIL	2, LLC	
2. (a	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)
	WALLIINGTON, FL 07057	_	WALLIINGTON, FL 07057
		_	
	05/09/2018		L18000113069
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T CORPORATION SYSTEM		
. (Registered Agent and Registered Office shown on the records of the	he Florida!	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	1
			∽ .
	PLANTATION FL.	33324	19 OCT 28 M 9: 51
• (b	Corporation Service Company	_	7 28 08
•	Enter name of NEW Registered Agent and/or NEW Registered (Office add	Iress:
	4004 Here Or and		9
	1201 Hays Street NEW Registered Office Address:	·	<u>5</u> %
	registers white states.		
	Tallahassee .FL	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 a will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regist bility con the limit	stered 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	n Arici, Authorized Person
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to m e	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.	e to act i performa for in Cl ereby cor	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Signa	ure of Registered Agent Corporation Service Company	BY: Gra	race E. Kirby, Asst. Vice President

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