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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#: 021928/008

Re: PSL TP OFFICE 3, 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

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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. N	ame of the limited liability company: PSL TP OFFIC	E 3, LLC	,	
D (a)	1 STEVENS ROAD, #1	(h)	b) 1 STEVENS ROAD, #1	
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WALLINGTON, FL 07057	_	WALLINGTON, FL 07057	_
	05/09/2018	_	L18000113082	
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 Florida	a Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	19 OC 19	
	PLANTATION . FI	33324	19 OCT 28 AH 9: 48	
(b)	Corporation Service Company		(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ران. مورد
• (0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:	(3).
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee F1	. 32301		
the cha agent v was/w	imited liability company is not organized under the larginge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the regist ability cor of the limi	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
	/S/ Beth Arici	Beth	h Arici, Authorized Person	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer novific	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is in writing of this change. The of Registered Agent Corporation Service Company	performa d for in C hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accellanter 605, F.S. Or, if this document is being fill onfirm that the limited liability company has been brace E. Kirby, Asst. Vice President	ie ept ed

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