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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

Division of Corporations	·		
PSG BROTHERS LLC SUBJECT:			
Name of Limite	ed Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
AUSTRALIA HOWARD			
Name of Person			
PSG BROTHERS LLC			
Firm/Company			
58 ELDERWOOD			
Address			
ALISO VIEJO, CA 92656			
City/State and Zip Code			
PSGBROTHERS@HOTMAIL.COM			
E-mail address: (to be used for future annual report n	notification)		
For further information concerning this matter, please call	:		
AUSTRALIA HOWARD 714	357-6241		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 58 ELDERWOOD ALISO VIEJO, CA 92656	58 I	(Note: MAY BE 1	• • •	
ALISO VIEJO, CA 92656			(b)	
		ELDERWOOD		
1-1- 10		ALISO VIEJO, CA 92656		
JUNE 30, 2020 9/28/2018	L180	000230635		
Date of filing/registration in Florida	4.	Document numb	er	
(a) JLE REGISTERED AGENT CORPORATION				
Registered Agent and Registered Office shown on the recor	rds of the Florida Dept	. of State:		
3339 VIRGINIA STREET				
Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)			
SUITE 127			792	
MIAMI	, FL 33133		7929 SEP (
b) CYNTHIA MENDEZ			30 PM	
Enter name of NEW Registered Agent and/or NEW Regis	stered Office address	:	# 2:	
2885 SW 3RD AVENUE			: 20	
NEW Registered Office Address:				
SUITE 300A				
MIAMI	. FL ³³¹²⁹			
the limited liability company is not organized under the inge or changes are made, the Florida street address on the will be identical. Or, in the case of a Florida limited/were authorized by an affirmative vote of the member articles of organization or the operating agreement of	of the registered off ed liability compar- pers of the limited of the limited liabili	fice and the business of ny, it is hereby confirme liability company or as	fice of the registered ed that the change(s)	
gnature of a member or authorized representative of a member		Printed or typed na	me of signee	

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

Signature of Registered Agent