

L19 000 185 597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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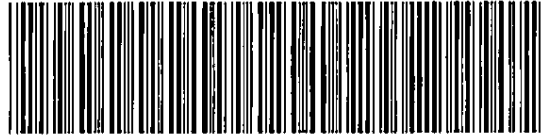
(Business Entity Name)

(Document Number)

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2023 APR 20 AM 9:14  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS & BUSINESSES

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSL POOLS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon Grigsby

\_\_\_\_\_  
Name of Person

PSL Pools LLC

\_\_\_\_\_  
Firm/Company

5299 NW South Crisona Circle

\_\_\_\_\_  
Address

Port St Lucie FL 34986

\_\_\_\_\_  
City/State and Zip Code

portstlucie@asppoolco.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Grigsby

\_\_\_\_\_  
Name of Person

772

at (\_\_\_\_\_) \_\_\_\_\_

577-1242

\_\_\_\_\_  
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

2023 APR 20 PM 5:14  
RECEIVED

**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. Name of the limited liability company: PSL Pools LLC

2. (a) 5299 NW South Crisona Circle (b) 5299 NW South Crisona Circle

Principal office address of limited liability company:

Mailing address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

**(Note: MAY BE POST OFFICE BOX)**

Port St Lucie, FL 34986

Port St Lucie FL 34986

01 August, 2019

L19000185597

3. Date of filing/registration in Florida

4. Document number

5. (a) Brandon Grigsby

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1391 NW SAINT LUCIE WEST BLVD

Port St Lucie, FL 34986

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

5299 NW South Crisona Circle

Port St Lucie, FL 34986

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Brandon L. Grigsby

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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