## 121000163

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(enyretate/2.p., nerre ny			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
C DIENNING			
J DENNIS			
JUL 2:1 2023			

Office Use Only



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05/18/23--01006--024 \*\*25.00

Registration Section

TO:

## **COVER LETTER**

Division of Corporations					
SUBJECT: P-SKS HOLDING LLC	CT. P-SKS HOLDING LLC				
	Liability Company				
Dear Sir or Madam;					
The enclosed Registered Agent/Registered Office	e Change an	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to th	e following:			
Cheyenne Moseley					
Name of Person	<del></del> -	<del></del>			
Legalzoom.com, Inc.					
Firm/Company					
101 N. Brand Blvd., 11th Floor					
Address	<del></del>				
Glendale, CA 91203					
City/State and Zip Code	<del></del>	. <u></u>			
kchada@gmail.com					
E-mail address: (to be used for future annu	al report not	ification)			
For further information concerning this matter, p	olease call:				
Cheyenne Moseley	800	773-0888 ext 9724			
Name of Person	at (	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
\$25 Filing Fee	<b>-</b> :	\$55 Filing Fee & Certified Copy			
INHS (8 (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.

1. No	nme of the limited liability company: P-SKS HC	DLDING L	.LC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	
	8548 GEDDES LOOP	854	8 GEDDES LOOP	
	ORLANDO, FL 32836	OR	LANDO, FL 32836	
	04/08/2021	L210	000163283	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	UNITED STATES CORPORATION AGENT	•		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>	
	476 RIVERSIDE AVE.			
	JACKSONVILLE	32202	202:	
		· —	2023 HAY	
(b)			~1 <i>P</i> ~	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>  Office address</u> :	- 81 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Srikar Nallavolu		PH 3	
	NEW Registered Office Address:		3: 2	
	8548 GEDDES LOOP			
	ORLANDO,	32836		
the cha agent was/w	imited liability company is not organized under the lange 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 of cless of organization or the operating agreement of the	I the registered ability compar of the limited I	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
`	Krishna Chada		Chada	
	ture of a member or authorized representative of a member	· · ·	Printed or typed name of signee	
provisi the obj to mer	by accept the appointment as registered agent and agrifons of all statues relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance of for in Chapt hereby confirm	of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been	
Sionan	Srikar Nallavolu			
	District CC	D (22= 00		