From: Kaity Toon

5/4/22, 2:05 PM

Division of Corporations

Florida Department of State Division (Comporation

2022-05-04 12:05:58 PDT

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000161829 3)))



H220001618293ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC REGISTERED AGENT CHANGE PSI SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

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.

Na	me of the limited liability company: PSI Services LLC		
	No Change	(b)	No Change
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/20/2006		M06000006421
	Date of filing/registration in Florida	4.	Document number
(م)	Corporation Service Company		
(a)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 Hays St		2
	Tallahassec , FL	32301	202
	C T Corporation System		2022 HAY
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		TILED PAROVE
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation .FL	33324	
e cha ent v is/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	rs of the S the regis bility con f the limi	stered office and the business office of the registered of the registered of the change (s) nited liability company or as otherwise provided in
	s/ Paul Dean	Paul ———	Dean, Treasurer
herei ovisi e obl meri	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all stanites 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 h d in writing of this change. Alichele Holden. Asst Sect 18) Michele Holden	ee to act perform d for in (acreby co	Printed or typed name of signee t in this capacity. I further agree to comply with th cance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been