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(Rec	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		}			

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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: Logan Hall logan.hall@cscqlobal.com

Date: March 19, 2019

Order#: 689615-005

Re: PSYBAR, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Logan Hall

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA . XCOA

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.	Na	me of the limited liability company: PSYBAR, LIMITE	ED LIABI	LITY COM	PANY
2. (a	a)	6600 France Avenue South	_ (b)	6600 Fr	ance Avenue South
, ,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 640	_	Suite 640	
		Edina, MN 55435		Edina, MI	N 55435
					0.4.05
3.		07/26/2007 Date of filing/registration in Florida	4.	M070000	Document number
٥.		Date of Hing registration in Florida	⁴.		Document number
5. (a)	INCORP SERVICES, INC.			
		Registered Agent and Registered Office shown on the records of th	e Florida I	Sept. of State	:
		17888 67TH COURT NORTH		. 2	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		13. 15.	
					7.3
(b)					7-11-E1) 201910:R 21 PH 4: 47
		LOXAHATCHEE , FL_	33470		Til
		Corporation Review Commons			当に
	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	Office add	·····	F	
					· · · · · · · · · · · · · · · · · · ·
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee . FL_	32301		
the c agen was/	hai t w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limit	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		/s/ Lori Seviola	Lori S	Seviola, Au	thorized Person
Sig	nati	ure of a member or authorized representative of a member		-	Printed or typed name of signee
prov the c to m notif	isio bli ere jed	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	erformai for in Ci ereby coi	nce of my a hapter 605, ifirm that t	luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sign	atur	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirl	by, Asst. Vice President