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(Requestor's Name)							
(Address)							
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	City/State/Zip/Phone #)						
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2024 OCT | I AM | I: 13



COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	PSP STORES, LLC		
SUBJECT		e of Limited	Liability Company
Dear Sir oi	r Madam:		
The enclos	sed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please retu	irn all correspondence concerning thi	s matter to th	ne following:
Nikki Lajor	าเ		
·	Name of Person		
Harbor Con	npliance		
	Firm/Company	<u> </u>	
1830 Colon	nial Village Ln		
	Address		
Lancaster, I	PA 17601		
	City/State and Zip Code		
tax@petsup	ppliesplus.com		
E-ma	ail address: (to be used for future ann	ual report no	tification)
For further	r information concerning this matter,	please call:	
Nikki Lajor	m	717 at (8690133
•	Name of Person	at (Area Code & Daytime Telephone Number
Ro Di P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	nclosed is a check for the following	amount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/	714)		

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.

l. Na	ame of the limited liability company: PSP STORES, L	.LC			
2. (a)	17197 North Laurel Park Drive		(b)	7 North Laurel Pa	rk Drive
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		ss of limited liability company: Y BE POST OFFICE BOX)
	Suite 402		Suite	402	
	Livonia, MI 48152		Livon	ia, M1 48152	
	05/31/2012		M1200	0003079	
3.	Date of filing/registration in Florida	- 4.		Document	number
5. (a)	CORPORATION SERVICE COMPANY				
J. (u)	Registered Agent and Registered Office shown on the records of	f the Fk	orida Dept. o	f State:	
	1201 HAYS STREET				20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				24 0
	TALLAHASSEE F	L_3230	2301 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		
(b)	Registered Agents Inc				FILED 2024 OCT 11 AM II: 13 SECRETARY OF STATE ALLAHAS WEIT ORDER
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				潭福 3
	NEW Registered Office Address:	_			
	7901 4th St N Ste 300				
				<u> </u>	
	St. Petersburg , F	L 3370	2	<u>-</u>	
If the l	imited liability company is not organized under the la	iwe of	the State o	of Florida it is be	ereby confirmed that after the
change	or changes are made, the Florida street address of th	e regis	tered offic	e and the busine	ess office of the registered
agent v was/we	will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members	of the	company limited lia	, it is hereby cor bility company	or as otherwise provided in
the arti	icles of organization or the operating agreement of the	e limit	ed liability	company.	
10/	Anthony Block-Belmonte ture of a member or authorized representative of a member	-	Anthony Blo	ock-Belmonte	
				_	ped name of signee
provisi the obl to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as providely ely reflect a change in the registered office address, I d'in writing of this change.	gree to e perfo ed for hereb	act in this rmance of in Chapter v confirm i	capacity. I furth my duties, and to 605, F.S. Or, i that the limited l	her agree to comply with the lam familiar with and accept filis document is being filed lability company has been
<u>t</u>	pavid Roberts re of Registered Agent				