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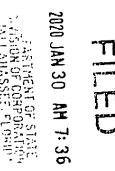
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified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

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FEB 2 8 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234-300

Re: PSB MICC 2323, LLC

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: Ami Casper

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.

QUCA.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. 1	Name of the limited liability company: PSB MICC 2323	3, LLC		
2. (a	701 Western Avenue, Ste. 200	(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Glendale, CA 91201			
	07/17/2014		/14000005065	
3.	Date of filing/registration in Florida	4.	Document number	
5. (C T Corporation System			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	1200 South Pine Island Road		20	
	Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)	2020 JAN 30	
	Plantation . FL	33324	AHASSEE, F	
) Corporation Service Company			
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre		
	1201 Hays Street			
	NEW Registered Office Address:			
				
	Tallahassee, FI.	32301		
the c agen was/ the a	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the register ability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
	Jill Cilmi	Jill Ciln	ni, Authorized Person	
I he prov the o	nature of a member or authorized representative of a member reby accept the appointment as registered agent and agrisions of all statutes relutive to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a few this change.	ee to act in performand I for in Cha hereby conf	Printed or typed name of signee this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	