(shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:	 ,
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LLC REGISTERED AGENT CHANGE **PSB USA, LLC**

Certificate of Status	0
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NOV 15 2023

TO:

Registration Section

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COVER LETTER

Divi	sion of Corporations		
SUBJECT:	PSB USA, LLC		
SOBJECT.	Name of Lin	nited 1	Liability Company
Dear Sir or N	∕ladam:		
The enclosed	d Registered Agent/Registered Office Chan	ge and	I fee(s) are submitted for filing.
Please return	all correspondence concerning this matter	to the	following:
Alicia Richan	ds		
	Name of Person		
Registered Ap	gent Solutions, Inc.		
	Firm/Company		
Corporate Ce	nter One, 5301 Southwest Pkwy, Ste 400		
	Address		<u> </u>
Austin, TX 78	3735		
- /	City/State and Zip Code		_
			
	address: (to be used for future annual report		lication)
For further in	nformation concerning this matter, please c	all:	
Alicia Richard	ds 88 at (88	705-7274
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the following amount	:	
□ \$2	25 Filing Fee	0 9	55 Filing Fee & Certified Copy
INHS18 (2/14)		

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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.

(a)	176 NE 41 ST #108 MOORE BLDG		(b) 53-C JOBS LN						
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liab						•	
	MIAMI, FL 33137		SOUTH	AMPTON, N	IY 11968				
	11/16/2020		M2000001	10436					
	Date of filing/registration in Florida	4.		Documen	t number				
(a)	COSTE, SEBASTIEN								
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 176 NF. 41 ST #108 MOORE BLDG Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ate: 					
	MIAMI , FI	33137		_	Ģ		· 20		
(b)	Registered Agent Solutions, Inc.						193 NOW LA FA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office #	ddress:					<u> </u>	
	2894 Remington Green Ln.						=======================================	<u>:</u>	
	NEW Registered Office Address:						ػؚ		
	Ste. A			_		=	98		
	Tallahassee, FI	32308		_					
ange ent v as/wo	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability c of the lin	ed office a ompany, it nited liabil	nd the busir is hereby co ity company	ness office onfirmed th	of the	registe change	red c(s)	
ļ	COSTE, SEBASTIEN	CC	STE, SEBA	STIEN	Manag	ger			
	ture of a member or authorized representative of a member			Printed or	typed name o	fsigne	e		
ovisi z obl mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to ac perform d for in hereby c	t in this cap lance of my Chapter 60 onfirm that	pacity. I fundation of the second of the sec	rther agree l I am Jami if this doci liability co	to co liar w ument ompa	mply w ith and t is bein ny has l	ith to acco g filo been	

Mackenzie Hibler, Asst, Secretary

Signature of Registered Agent