

NO3000000096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

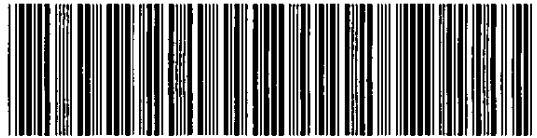
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Change
Tues
6-29-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PSL PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03000000096

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rudy Howard (President) 772-343-9878
Glenn Pellerin (Treasurer)
Name of Contact Person

PSL Professional Center
Firm/Company

8481 S. Federal Hwy Suite 20
Address

PORT ST LUCIE FL 34952

Please
Send to
Both.

City/State and Zip Code
① GPELLERIN@BELLSOUTH.NET
② PSLBOARD@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rudy Howard (President) 772-343-9878
GLENN Pellerin (Treas) at (772) 871 0960 X8
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2009

PSL PROFESSIONAL CENTER
8481 S FEDERAL HWY STE 20
PORT ST LUCIE, FL 34952

SUBJECT: PSL PROFESSIONAL CENTER, LLC
Ref. Number: L00000002192

We have received your document for PSL PROFESSIONAL CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 009A00019512

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PSL PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 8481 S FEDERAL HWY SUITE 20, PORT SAINT LUCIE, FL 34952

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/03/2003 Document number: N03000000096

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Stephen Navaretta, Esquire

1100 SW St. Lucie West Blvd, Suite 203

Port St. Lucie, FL 34986

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Deborah Ross, Esquire

759 S Federal Highway, Suite 212

P.O. Box NOT acceptable

Stuart, FL 34994

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

GLENN PELLERIN TREASURER
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/2/09
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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09 JUN 26 PM 2:34
DIVISION OF STATE
TALLAHASSEE, FLORIDA