

NIL 00000 1533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

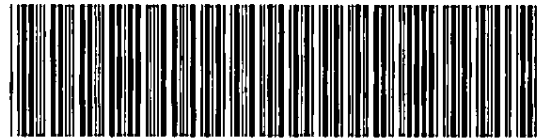
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 03 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PSL HISPANIC AMERICAN CLUB INC
Name of Corporation

DOCUMENT NUMBER: 8403789550CC

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:

CARMELO VILLEGAS

Name of Contact Person

Firm/Company

2126 S E GENOA STREET

Address

PORT SAINT LUCIE, FL 34952

City/State and Zip Code

carville622@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYDIA V. RODRIGUEZ

Name of Contact Person

at (786) 265-7734
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 HISPANIC AMERICAN CLUB, INC
2. The principal office address: 2617 SE CALUSA AVENUE
PORT SAINT LUCIE, FL 349452
3. The mailing address (if different): PO BOX 7231 PORT SAINT LUCIE FL 34985
4. Date of incorporation/qualification: 2016 Document number: 8403789550CC
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)

JOSE M CASTRO

2199 SE ABCOR STREET

PORT SAINT LUCIE, FL 34952

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

LYDIA V. RODRIGUEZ

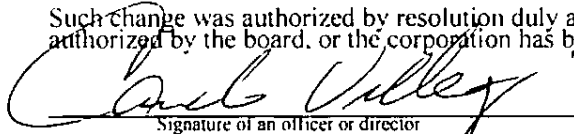
2617 SE CALUSA AVE

P.O. Box NOT acceptable

PORT SAINT LUCIE FL 34952

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

CARMELO VILLEGAS

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

7/16/2021
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
CR21:045 (04/13)

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