

N19 000 000 104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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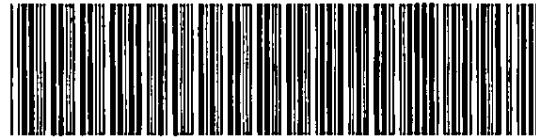
(Business Entity Name)

(Document Number)

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ALABAMA

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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PS GIVPS, INC
Name of Corporation

DOCUMENT NUMBER: N19000000104

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:

SALIMA SAWANI
Name of Contact Person

PS GIVPS, INC.
Firm/Company

111 NE 1ST STREET, 2ND FLOOR
Address

MIAMI, FLORIDA 33132
City/State and Zip Code

SALIMA@PAPERSTREETMEDIA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYRA AHMAN at (786) 942.0308
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
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: PS GROUPS INC.
2. The principal office address: 111 NE 1ST STREET, 2ND FLOOR
MIAMI, FLORIDA 33132

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/31/2018 Document number: N19000000104

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)

BELLEH, OWEN Z, THE BELLEH LAW GROUP, PLLC.
2525 EMBASSY DRIVE SUITE 2
COOPER CITY, FLORIDA 33026

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

SALIMA SAWANI
111 NE 1ST STREET, 2ND FLOOR
P.O. Box NOT acceptable
MIAMI, FLORIDA 33132

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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]
Signature of an officer or director

SALIMA SAWANI / SEC.
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]
Signature of Registered Agent

10/05/2020
Date

If signing on behalf of an entity:

SALIMA SAWANI
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