P02000051659

| (Red | questor's Name) | |
|---------------------------|---------------------|----------|
| | 2 hay | |
| (Ado | dress) | |
| . (1.00 | iless) | |
| | | • |
| (Address) | | |
| | | • |
| /City | //State/Zip/Phone # | <u> </u> |
| (0) | rotatorzipi: nono n | , |
| PICK-UP | ☐ WAIT | MAIL |
| • | | |
| (Bus | iness Entity Name) |) |
| • | • . | • |
| | | · |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates of | Status |
| | . — | |
| | | 2011.110 |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500041703745



10/25/04--01057--001 **70.00

JA Charol

FILED 11 18

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: PSJ 6-ENERAL PANTINER TWC. (Name of corporation) |
| DOCUMENT NUMBER: <u>PO 2000051659</u> |
| 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: |
| Towy Mil/s (Name of contact person) |
| Pulse-Daise Systems (Firm/Company) |
| 601 NE 264 Count (Address) |
| Romfond Benefit 33064 (City/state and zlp code) |
| For further information concerning this matter, please call: |
| Town M7//S at (954) 788-08/0 (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
409 E. Gaines Street
Tallahassee, FL 32399

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 |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: PSI FENERAL PARTNER, INC. |
| 2. The principal office address: 601 NE 26th Court |
| Pompano Beach FL 33064 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: May 7, 2002 Document number: P02000051659 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: , |
| - 1/ Aldes- Frali Conforde Services |
| 3400 One Biscopine Towers |
| MiAmi, FL 33/3/ 3/ 3 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Jony Mills |
| (P.O. Box NOT acceptable) |
| Pampavo Beach, FL 33864 |
| 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 any Officer or director) Fight Fight For the first for th |
| 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. |
| -11/1/ 10 21 0/h |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| |
| (Typed or Printed Name) |