

P02000094625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

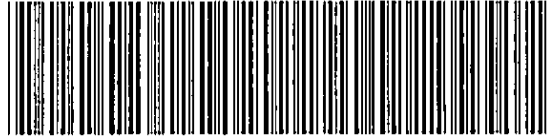
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4  
 TALLAHASSEE, FL 32301  
 P: 866.625.0838  
 F: 866.625.0839  
 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/10/2020

Name: Jennifer Bialowas

Reference #: 1184008

Entity Name: P S ANALYTICAL, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: 35.00

Signature: *Jennifer Bialowas*

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: P S ANALYTICAL, INC.

2. The principal office address: 1761 WEST HILLSBORO BOULEVARD SUITE 318 DEERFIELD BEACH FL 33442

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/30/2002 Document number: P02000094625

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)

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BOULEVARD SUITE 1000
FORT LAUDERDALE, FL 33301

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

COGENCY GLOBAL INC.
115 North Calhoun Street, Suite 4
P.O. Box NOT acceptable
Tallahassee Florida 32301

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

PAUL M SICCIKWELL - PRESIDENT
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

Date

If signing on behalf of an entity:

Jennifer Bidlowas Assistant Secretary
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 (03/12)