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COVER LETTER

Amendment Section TO: **Division of Corporations**

SUBJECT: Palm Beach Stains Inc.

DOCUMENT NUMBER: P116000 160.16

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:

Robert Walsh Name of Contact Person Name of Contact Person <u>Palm Beach Stains Inc.</u> Firm/Company <u>801 W 13TL CT Suite B</u> Address <u>Kiviera Beach</u>, FL 33404 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rusty Grynon at (561) 842-3400 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

CR2E045 (04/13)

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.

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

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 \overline{z} . authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

5 Kobert Walth President PBS Inc

5-31-2024

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 dutics, 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

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 (R2E045 (04/13)