

1
PI4000086967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

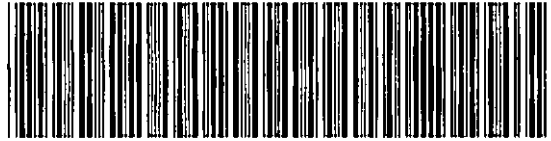
(Document Number)

Certified Copies _____ Certificates of Status _____

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Signature

Office Use Only



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08/29/22 11:23

RA Change

DEC 28 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PSTS HOLDINGS CORPORATION
Name of Corporation

DOCUMENT NUMBER: P14000086967

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:

PREMCHAN RAMPERSAD

Name of Contact Person

PSTS HOLDINGS CORPORATION

Firm/Company

3505 W 110 TERRACE

Address

HIALEAH FL33018

City/State and Zip Code

AUTOEXPORT580@GMAIL.COM

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

For further information concerning this matter, please call:

PREMCHAN RAMPERSAD

at (786) 245 6366

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 DEC 27 PM 2:16

December 7, 2022

PREMCHAN RAMPERSAD
PSTS HOLDINGS CORPORATION
3505 W 110 TERRACE
HIALEAH, FL 33018

SUBJECT: PSTS HOLDINGS CORPORATION
Ref. Number: P14000086967

We have received your document for PSTS HOLDINGS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing the signature of the officer or director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 322A00027177

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: PSTS HOLDINGS CORPORATION
2. The principal office address: 4340 W 104 ST. SUITE 200
HIALEAH FLORIDA 33018
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/22/14 Document number: P14000086967
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)

PREMCHAN RAMPERSAD

580 W 20 ST

HIALEAH FL 33010

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

MAIRA MOLINA

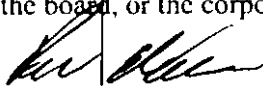
10300 SUNSET DRIVE STE 179

P.O. Box NOT acceptable

MIAMI FL 33173

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

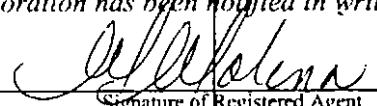
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

PREMCHAN RAMPERSAD

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

8/4/22
Date

If signing on behalf of an entity:

MAIRA MOLINA

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)