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R. WHITE

AUG 2 2 2018

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: PSB CONGULTANTS INC Name of Corporation
DOCUMENT NUMBER: <u>β9300 0052689</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:
Name of Contact Person PSB CONSULTANTS INC Firm/Company
POBOX 855 Address
BONITA SPRINGS FC 34133 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 576 - 4088 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: RSB LANSULTANTS IN U
2. The principal office address: POBOX 855 BONITH SPRINGS FC 34133
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/28/93 Document number: P93000052689
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)
STEPHEN LOWITZ
1715 MINROE STREET
F. MYTRI FR 33407_ = = = = = = = = = = = = = = = = = = =
6. The name and street address of the new registered agent (if changed) and /or registered of the line (if changed):
HE REGISTERED MAENTS, LLC SEG 3 17
1715 MONDOE STREET TO E
Fr. MYERS FL 33401
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.
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 Signature of Registered Agent
If signing on behalf of an entity: Elin E. Houck-Toll, Vice-President
Typed or Printed Name

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

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