

A22000000124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

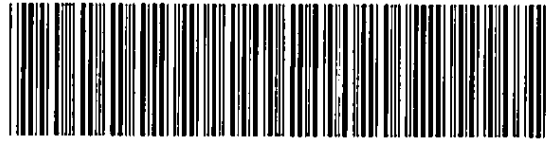
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

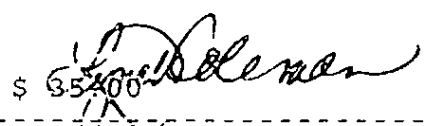
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 854551 7561392

AUTHORIZATION :

COST LIMIT : \$ ~~35400~~



ORDER DATE : July 5, 2023

ORDER TIME : 10:03 AM

ORDER NO. : 854551-011

CUSTOMER NO: 7561392

CHANGE OF AGENT

NAME: LIBERTY STORAGE FUND II, LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LIBERTY STORAGE FUND II, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/07/2022 Date of filing/registration in Florida

3. A22000000124 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ZKS REGISTERED AGENT SERVICES, LLC
Name

315 E. ROBINSON ST., STE. 600
Address

ORLANDO, FL 32801
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

2023 JUL 21 AM 10:58
FILED

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

Adam Mikkelson Manager, on behalf of LIBERTY STORAGE FUND II GP, LLC.. General Partner.

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 obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50