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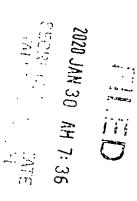
(Requestor's Name)						
(Ad	idress)					
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PICK-UP	☐ WAIT	MAIL				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234/395

Re: PUBLIC STORAGE HIALEAH, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX \_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: PUBLIC STOR	AGE HIAL	EAH, LLC			
2. (a)	c/o Public Storage  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	701 Western Avenue					
	Glendale, CA 91201					
	12/01/2000		L00000014			
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)						
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:			
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)				
				50	2	
	Plantation	_ 33324		28	020 JAN 30	- 34·
(b)	Corporation Service Company			÷ _= 	N 30	7=
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	ress:	- 		
						7
	1201 Hays Street			FL	7: 36	
	NEW Registered Office Address:				6	
	Tallahassee , FL	32301				
the chagent was/w	simited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist ability cor of the limi	ered office npany, it is ted liability	and the business offic hereby confirmed that company or as othery	e of th t the c	ie registered hange(s)
	Jill Cilmi	Jill C		zed Person		
~	ature of a member or authorized representative of a member			Printed or typed name of s	_	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this change.	ree to act i performa ed for in C hereby co	in this capa nce of my d hapter 605, nfirm that th	city. I further agree t uties, and I am famili F.S. Or, if this docu he limited liability con	o comp ar with nent is npany	ply with the 1 and accept 2 being filed has been
Signati	ire of Registered Agent Corporation Service Company	BY: An	ni M. Casp	er, Asst. Vice Presid	dent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00