

A18000000166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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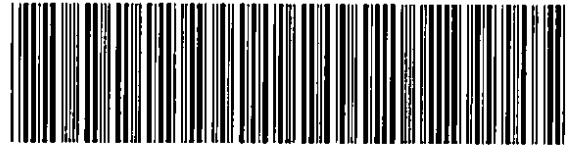
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 854551 7561392

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 5, 2023

ORDER TIME : 10:03 AM

ORDER NO. : 854551-014

CUSTOMER NO: 7561392

CHANGE OF AGENT

NAME: LIBERTY STORAGE ORLANDO
MAGNOLIA, 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 ORLANDO MAGNOLIA, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/19/2018 3. A18000000166
Date of filing/registration in Florida 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:

MIKKELSON, Adam
Name

824 HIGHLAND AVE
Address

ORLANDO, FL 32803
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)

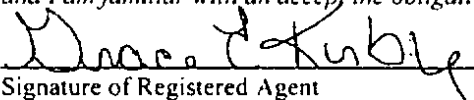
Tallahassee FL 32301
City, State and Zip

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


Signature of General Partner

Adam Mikkelsen, Manager on behalf of LIBERTY
STORAGE ORLANDO MAGNOLIA 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 of Registered Agent

Grace E. Kirby, Asst. Vice President

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

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TALLAHASSEE, FLORIDA

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