A95000001607

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
ertified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100339889151

01,30,26--31005--510 ** 0.11



O SIMMONS FEB 22 2020



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#: 148244/057

Re: STORAGE TRUST INVESTMENTS-FLORIDA, LIMITED

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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

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. STORAGE T	RUST INVESTMENTS-FL	ORIDA, L	IMITED PA	ARTNERSHIP	
Na	me of Limited Partnership or Limite	d Liability Lin	nited Partnersh	ip	
- · <u> </u>	0/25/1995 /registration in Florida	3	A950000		
_	gistered agent and the registered off				
	C T Corporation	n System			
	Name			30 ~ •	
1200 South Pine Island Road				77. 77. 77.	
Address				• • • • •	
	Plantation	FL	33324	2020 JAN 30 ECREL VI. TALLA	tea cap
	City, State an	d Zip			flor see
5. The name and Flor	ida street address of the new register	red agent and/o	or office:	AM 9: 12	
	Corporation Servic	e Company	<u>y</u>	<u> </u>	
	Name			mi N	
	1201 Hays S	Street			
Florida street address (P.O. Box not acceptable)					
	Tallahassee	FL_	32301		
	City, State an	d Zip			
6. Such change(s) is/a	are effective when filed by the Floric	la Department	of State.		
Xee (2. Ware				
Signature of General I	Partner Jill Cilmi, Vice President or	n behalf of STI	R Management	Corporation of Florida, C	ieneral
comply with the provi-	pointment as registered agent and a sions of all statutes relative to the pr han accept the obligations of my pos on Service Company	oper and com	plete performa		
By: ()	V Ley				
Signature of Registere	Ami M. Casper, Asst. Vic	ce President			
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50