### A9800000400

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	me)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	12	(7/21)

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10/11/21--01010--001 \*\*475.00

2021 DEC -7 PH 5: 05 SECRETARY OF STATE



2021 DEC - 7 PH 12: 04

### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2021

LOUISE JAFFE 1475 W. CYPRESS CREEK ROAD SUITE 202 FORT LAUDERDALE, FL 33309

SUBJECT: JUPITER PARK SELF-STORAGE LTD.

Ref. Number: A98000000400

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 421A00025837

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Jupitur Park Jof Storage Atd.  Name of Limited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A 98000000 400
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Louise Juffe
Midgard Management Inc.
1475 W. Cyprass Creak Rd. 202 Address
Ft. Landerdale FL. 33369 City, State and Zip Code
E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 640.0233  Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Florida Department of State. (check encl-
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP 5: 05 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH SECRETARY OF STATE TALL A MOSECUEL

TABLE 1- 1- 22
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
2. 2. 11. 9.8  Date of filing/registration in Florida  3. A 98 00000 400  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:  Cliffy Hartz  Name  Name  Address  Legistered agent and Zip  5. The name and Florida street address of the new registered agent and/or office:
Name  360 South Rosemax × 1410  Florida street address (P.O. Box not acceptable)  WPB  City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.  Signature of 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 an accept the obligations of my position as registered agent.
Signature of Registered Agent

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50

# LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFF **2021 DEC** -7 AH 5: 05

REGISTERED AGENT, OR BOTH
SECRETARY OF STATE
SECRETARY OF STATE Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited 155 71
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. Jupiter Park Self-Storage Atd.  Name of Limited Partnership or Limited Liability Limited Partnership
2. 2. 11. 9.8  Date of filing/registration in Florida  3. A 98 00000 400  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:
Cill Hertz
Name
Une n. Clematis St. \$500
WPB FL. 33401
City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
Name
360 South Rosemary * 1410 Florida street address (P.O. Box not acceptable)
(1) PB FL 33401
City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.
Total Plans Sollars Soll
Signature of General Partner
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
I hereby accept the appointment ds registered agon and agree is developed the appointment ds registered agon and complete performance of my duties, comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Signature of Registered Agent

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