A98 000 000 955

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





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C 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#: 148235/035

Re: PUBLIC STORAGE POMPANO, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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.	PUBLIC STORAG	<u>E POMPAŅ</u>	O, LTD.		
	ame of Limited Partnership or Lir	nited Liability Lir	nited Partnersh	iip	
2.	04/16/1998	3.	A98000	000955	
Date of filir	Date of filing/registration in Florida		Florida document number		
4. The name of the Department of State:	registered agent and the registered	office address as	shown on the r	records of the Florida	
	C T Corpora	tion System		202 S.E.	
	Na	me			
	1200 South Pine Island Road			JAN 30	
	Add			30	
	Plantation	FL	33324	2 ≥	
	City, State	e and Zip		AM 9: 1	
5. The name and Flo	orida street address of the new reg	istered agent and/	or office:	AFF =	
	Corporation Ser	vice Compan	y		
	Na				
	1201 Hay	s Street			
	Florida street address (P	.O. Box not accep	table)		
	Tallahassee	FL	32301		
	City, Stat				
6. Such (hange(s) is	Sare effective when filed by the F	lorida Department	of State.		
Signature of General	l Partner Jill Cilmi, Vice Presider	nt on behalf of PS	Pompano, Inc.	., General Partner	
comply with the pro-	appointment as registered agent a visions of all statutes relative to the obligations of my tion Service Company red Agent Ami M. Casper, Asst.	ne proper and com position as regisi	plete performa		
Filing Fee: Certified Copy (\$35.00 (optional): \$52.50				