A98 000 000 964

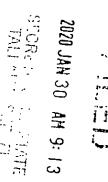
	Requestor's Name)			
	Address)			
	Address)			
	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			
<u> </u>				

Office Use Only



800339880258

01/30/20--01025--030 **35.00



C SHAMONS



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#: 148234/389

Re: PUBLIC STORAGE DAVIE, LTD.

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	PUBLIC STORA				
Ν'	ame of Limited Partnership or Li	mited Liability Lin	nited Partners	hip	
2.	04/17/1998		A98000000964		
Date of filin	Date of filing/registration in Florida		Florida document number		_
4. The name of the r	registered agent and the registered	d office address as s	shown on the	records of the Flo	rida
Department of State:				ردن 17 - د	~
	C T Corpora	ition System		ΓA! CR	20 J
		me			020 JAN 30
		30			
	<u> </u>	4.2	AM		
	Plantation	FL	33324	$r_{r_{i}}$	æ. vo
	City, Stat	e and Zip		1212	9: 13
5. The name and Flo	orida street address of the new reg	gistered agent and/o	or office:	rri	ω
	Corporation Ser	rvice Company	/		
	Na	me			
	1201 Hay	/s Street			
	Florida street address (F	P.O. Box not accept	table)		
	Tallahassee	FL_	32301		
	City, Stat	e and Zip	<u> </u>		
6. Such change(s) is	/are effective when filed by the F	lorida Department	of State.		
X	8 000	·			
Signature of General	L Partner	-			
· ()	Jill Cilmi, Vice Preside				
	uppointment as registered agent a visions of all statutes relative to th				
and I am familiar wi	ith an accept the obligations of my tion Service Company	v position as regist	ered agent.	ence of my dancs,	
By: Corporal	tion Service Company				
Signature of Registe	red Agent	. Vie . Deceid			
	Ami M. Casper, Asst	, vice rresident			
Filing Fee:	\$35.00				
Certified Copy (