B 1600000000000

(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:					

Office Use Only



400339864294

02/05/20--01016--019 **35.00

120 FED -6 PM 2: 42

R. WHITE MAR 0 3 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 3, 2020

Order#: 153402-217

Re: TSO JACKSONVILLE SELF STORAGE DEVELOPMENT GENERAL PARTNER, LP

Enclosed please find:

XX___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.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. TSO JACKSON	VILLE SELF STORAGE DE	VELOPMENT	GENERAL	PARTNER, LP
Na	me of Limited Partnership or Limi	ted Liability Limi	ited Partnership	
2.	02/09/2016		B16000000030	
Date of filing/registration in Florida		F	B1600000030 Florida document number	
4. The name of the re Department of State:	egistered agent and the registered o	ffice address as sl	nown on the rec	ords of the Florida
	CT CORPORATI	ON SYSTEM	1	
	Name			
	1200 SOUTH PINE	ISLAND RO	AD	
	Addre	SS		
	PLANTATION, FL 333	324		F-3
	City, State a	and Zip	"	0231
5. The name and Flo.	rida street address of the new regist	tered agent and/or	office:	2020 F.C.) -
	Corporation Serv	ice Company		ر ا
	Name	C		-0
	1201 Hays Street			
	Florida street address (P.O. Box not acceptable)			
	Tallahassee	FL	32301	
	City, State a			
6. Such change s) is/		rida Department o Il Cilmi, Vice Preside SO Jackson Self Sto	ent on behalf of	nt GP SPE, Inc.,
Signature of General		eneral Partner.		
comply with the provi and I am familiar wit	opointment as registered agent and isions of all statutes relative to the han accept the obligations of my pion Service Company ed Agent Grace E. Kirby Asst. Vice	proper and comp	lete performano	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50