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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

Phone

: (800)345-4647

Fax Number

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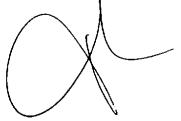
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| ⊁maıı | ADDLESS: | | | |

REGISTERED AGENT CHANGE THIRD LAKE RE SELF-STORAGE FUND II, LP

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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. THIRD LAKE RE SE | LF-STORA | <u>GE FUN</u> | D II, LP | | |
|--|--------------------|-----------------|---------------------|---|----------------|
| Name of Limited | l Partnership or I | Limited Liabili | ry Limited Partners | hip | |
| 2.3/21/2022 | 30 | | | | |
| Date of filing/registration | Florida docui | ncat number | | | |
| 4. The name of the registered agen Department of State: | t and the register | ed office addre | ess as shown on the | re∞rds of the Florida | |
| FORSYTH | IE. ROBERT | | | | ~ |
| | 1 | Vame | | ———————————————————————————————————— | 023 |
| 1600 E 8t | h Avenue, Su | ite A132-A | | | 2023 FEB 24 AM |
| | | ddress | | - ب کد | Ö |
| TAMPA, F | L 33605 | | | T. 1. | 12 |
| | | tate and Zip | | 55.0 | P |
| 5. The name and Florida street add | lress of the new r | registered agen | nt and/or office: | TALLAHASSEE | 4 8: 20 |
| Capitol Co | orporate Serv | ices, Inc. | | 一五 | 20 |
| | | Name | | | |
| 515 East | Park Avenue | 2nd Fl | | | |
| | da street address | | acceptable) | | |
| Tallahass | ee | | FL 32301 | | |
| | | tate and Zip | | | |
| 6. Spectrohange(s) is sue effective | when filed by the | : Florida Depa | rtment of State. | | |
| Signature of Geografia Partner | | _ | | | |
| I hereby accept the appointment as comply with the provisions of all st and I am familiar with an accept the | atutes relative to | the proper an | id complete perjorn | . I further agree to nance of my duties, | |
| Bin Bulati | В | Brian Radec | ki, Asst. Secret | ary on behalf | |
| Signature of Registered Agent | 0 | f Capitol Co | orporate Service | es, Inc. | |
| Filing Fee: | \$35.00 | | | | |
| Certified Copy (optional): | \$52.50 | | | | |
| • • | | | | | |
| | (((H23000 | 069890 3 |))) | | |