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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter	the	email a	iddress	for	this	business	entity	to	be	used	for	future
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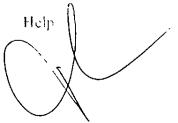
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REGISTERED AGENT CHANGE NEXTPOINT STORAGE PARTNERS, INC.

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To.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607 0502, 617,050, ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of		
1. The name of	the corporation: NexPoint Storage Partners	, Inc.		
2. The principal Daltas, TX 7526	office address: 300 Crescent Court Suite 70	00		
3. The mailing a	address (if different):			
4. Dateofincorp	poration/qualification: 03/30/2015	Document number: 11500000)	(56	
	d street address of the current registered a rtment of State: (If resigned, enterresigne		the	
	CORPORATION SERVICE COMPANY			
	1201 HAYS ST			
	TALLAHASSEE, FL 32301			
6. The name and (ifchanged):	d street address of the new registered agen	n (if changed) and /or registered office	2023 FEB 20	
	1200 South Pine Island Road	NOT acceptable	(1)	
	Plantation, Florida 33324	76 71 acceptance	AH 8:	
The street addras changed will	ess of its registered office and the street a be identical.	address of the business office of its r		
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so	
/s/ Sandra Zwijack		Sandra Zwijack, Assistant Secretary		
Thereby accept I further agree of my duties, ar docionent is be	te of an officer of director the appointment as registered agent and to comply with the provisions of all state ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change. a System	ues relative to the proper and compl	ete performance went. Or, if this confirm that the	
· 	/s/ James Martin	02/15/2023		
Sig	mature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
James Martin				
1	yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALI AHASSEE, FL 32314 CR2E045 (04/13)

By: