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PICK-UP	WAIT	MAIL
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opedial instructions to the	ang official.	
		. <u>.</u>

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S. CHATHAM

AUG - 8 2023



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Eyliena Baker

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 862844 8394529 AUTHORIZATION : 1/ COST LIMIT ORDER DATE : July 11, 2023 ORDER TIME : 1:46 PM ORDER NO. : 862844-009 CUSTOMER NO: 8394529 CHANGE OF AGENT NAME: SMART COMMUNITY STORAGE INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or attion organized under the laws of the State of Delaware ffice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SMART C	OMMUNITY STORAGE INC.
2. The principal	office address: 8 W. 5th St	reet, Fulton, MO 65251
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 08/2	29/2022 Document number: F22000005519
5. The name and Florida Depart	d street address of the currer rtment of State: (If resigned,	nt registered agent and registered office on file with the , enter resigned)
	C T Corporation System	
	1200 South Pine Island R	Road
	Plantation, FL 33324	'
6. The name and (if changed):		egistered agent (if changed) and /or registered office
	Corporation Service Com	pany
	1201 Hays Street	P.O. Box NOT acceptable
	Tallahassee	FL 32301
	ess of its registered office a be identical.	and the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer so
	re of an officer of director	JABBOK SCHLACKS Printed or typed name and title Treasurer
I hereby accept I further agree t of my duties, an document is bei corporation has Corporation	the applointment as registe to comply with the provision of I am familian with and a ng filed merely to reflect a been notified in writing of a Service Company	wed agent and agree to act in this capacity. Ins of all statutes relative to the proper and complete performance Installation of my position as registered agent. Or, if this Installation of the change in the registered agent of the change in the registered office address. I hereby confirm that the Ithis change.
вv: Се	in let	08/07/2023
Sign	nature of Registered Agent half of an entity:	Date
Ami M. Casper,	Asst. Vice President	

* * * FILING FEE: \$35.00 * * *

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