(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



900404501259

2023 MAR 27 PM 3: 32

A. DUTLER MAR 28 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE 612516 8406105						
AUTHORIZATION J.						
COST LIMIT : \$ 25.00						
ORDER DATE: March 27, 2023						
ORDER TIME : 2:19 PM						
ORDER NO. : 612516-071						
CUSTOMER NO: 8406105						
CHANGE OF AGENT						
NAME: MOBILE STORE OPERATORS PR, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						
EXAMINER:						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: MOBILE STOR	E OPERA	TORS PR,	, LLC		
2. (a)	800 S. DOUGLAS ROAD SUITE 450	(h	(b) 800 S. DOUGLAS ROAD SUITE 450			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited li (Note: MAY BE POST C		
	CORAL GABLES, FL 33134		CORAL G	SABLES, FL 33134		
	06/06/2014		L1400009			
3.	Date of filing/registration in Florida	4.		Document number		
(b)		33186		2023 MAR 27 AM 10: 4C		
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company		č -			
	NEW Registered Office Address:	·		→		
	1201 Hays Street					
	Tallahassee, FI	32301		_		
change agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members elicles of organization or the operating agreement of the	registere ability co of the lim	ed office and mpany, it is ited liability	d the business office of s hereby confirmed tha y company or as other	f the registered t the change(s)	
	/s/ Brett Beveridge	Bre	tt Beveridge			
•	ature of a member or authorized representative of a member			Printed or typed name of s	~	
provis the ob to mer	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to act performed of for in C hereby co	in this cape ince of my o hapter 605 infirm that i	acity. I further agree to duties, and I am familio i. F.S. Or, if this docu the limited liability con	o comply with the ar with and accept nent is being filed npany has been	
Signati	Unce CKUDL Grace E. Kirby, Asst. Vice	e Presider	ıt			