## Florida Department of State Opposition of Corporations Electronic Filting Corpor Shoel

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		s for this business entity to be used ngs. Enter only one email address pl		
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## LLC REGISTERED AGENT CHANGE MIAMI CITY SELF STORAGE 36TH STREET, LLC

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## H180000151033

## 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: MIAMI CITY	SELF SE	ORAGE 36TH STREET, LLC
2. (a)		(b)	
• 1	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Matting address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	February 18, 2015		L15000030187
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	United States Registered Agents, Inc.		
(-)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	Registered Office Address (ANUST BE FLORIDA STREET) 420 S. Dixie Highway, Suite 4B		
		72146	
	Coral Gables , FL	33146 	
/L\			٠,
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	19
		7:	మ
			—— .c
	NEW Registered Office Address:		•
	9300 S. Dadeland Blvd, Suite 600		<del></del>
	Miami , FL	33156	
the chi agent ' was/w	timited tiability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of ideas of organization or the operating agreement of the	vs of the St the register ability comp of the limite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in
Signature of a member or authorized representative of a member			Printed or typed name of signee
l here provis the ob- to mer notifie	by accept the appointment as registered agent and agritons 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 did no writing of this change.	ec to act is: performant d for in Chi hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signati	ire of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.09