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(Re	equestor's Name)						
(Ad	ldress)						
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(Cil	ty/State/Zip/Phone	#)					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscqlobal.com

Date: March 10, 2020

Order#: 198313/049

Re: MIAMI CITY SELF STORAGE DORAL 77TH OWNER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	me of the limited liability company: MIAMI CITY SEL	F STOR	AGE DORAL 77TH OWNE	ER, LLC			
2. 6	a)	2801 SW 31ST AVENUE	(b) 2801 SW 31ST AVENUE					
(-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		SUITE 2-B	_	SUITE 2-B				
		MIAMI, FL 33133	_	MIAMI, FL 33133			. <u> </u>	
		03/07/2016	_	L16000047510				
3.		Date of filing/registration in Florida	4.	Document num	ber			
5. ((a)	United States Registered Agents, Inc						
		Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:				
		9300 S DADELAND BLVD.						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		SUITE 600			. ·	20		
		MIAMI , FL	33156		25. 2023 2023	2020 HAR	77	
(b)	Corporation Service Company						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	ress:	DF SI	NH 8:		
		1201 Hays Street				0		
		NEW Registered Office Address:						
		·		.				
		Tallahassee, FL_	32301					
the eager	cha it w /we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li	he regis pility co the limi	tered office and the busine mpany, it is hereby confirm ted liability company or as	ss office oned that the	of the r he char	egistered ige(s)	
		/s/ Jill Cilmi	Jill C	ilmi, Authorized Person				
Si	gnat	ure of a member or authorized representative of a member		Printed or typed n	ame of sign	iec		
the to m	visi obl. terc	oy accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act verforma for in C vreby co	in this capacity. I further ince of my duties, and I am hapter 605. F.S. Or, if this offirm that the limited liahi	agree to c familiar s docume: lity comp	comply with a nt is be any ha	with the nd accept ring filed s been	
<u> </u>	<u>L</u>	Irace C. Kuble	DV C	P 121 L - 4 - 511	D ' 1			
2181	atu	re of Registered Agent Corporation Service Company	BY: G	ace E. Kirby, Asst. Vice	Presider	11		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00