N17000067529

| (Requestor's Name) | | | | | |
|---|------------------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| Q. SILAS | | | | | |
| Q. SILAS MAY 0 9 2022 | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | ~ * * | | | | |
|-----------|---|---------------------|--|--|--|--|--|
| SURI | BURLINGTON SELF STORAGE OF LAKE WORTH, LLC | | | | | | |
| ., () [], | | me of Limited Li | ability Company | | | | |
| Dear S | Sir or Madam: | | | | | | |
| The er | nclosed Registered Agent/Registered Ot | fice Change and | fee(s) are submitted for filing. | | | | |
| Please | Division of Corporations | | | | | | |
| Anthoi | ny J. DiGiore, Esq | | | | | | |
| | Name of Person | | _ | | | | |
| DiGio | re Legal Group | | | | | | |
| | Firm/Company | | _ | | | | |
| 1830 V | V. Broward Blvd, 2nd Floor | | | | | | |
| | Address | | _ | | | | |
| Fort La | nuderdale, Fl. 33312 | | | | | | |
| | City/State and Zip Code | | _ | | | | |
| anthon | y@digiorelegal.com | | | | | | |
| ŀ | -mail address: (to be used for future an | nual report notific | cation) | | | | |
| For fu | rther information concerning this matter | r, please call: | | | | | |
| Anthor | ny J. DiGiore | , , | 289-3494 | | | | |
| | Name of Person | ur (| Area Code & Daytime Telephone Number | | | | |
| | Registration Section Division of Corporations P.O. Box 6327 | | Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | | |
| | Enclosed is a check for the following | g amount: | | | | | |
| | \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | | | | |

INHS18 (2/14)

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. 1 | Name of the limited liability company: BURLINGTON S | SELF S | TC | TORAGE OF LAKE WORTH, LLC | | | |
|---------------------------|---|--|------------------------|---|--|--|--|
| 2. (a | 114 West Street | | (h | (b) 114 West Street | | | |
| (~ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (- | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Wilmington, MA 01887 | | | Wilmington, MA 01887 | | | |
| | 3/24/2017 | _ | | L17000067529 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a | Robert L. Sader, Esq. | | | | | | |
| <i>J.</i> (u) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 6300 NE 1st Ave | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 102 | | | | | | |
| | Fort Landerdale , FL | 33334 | | | | | |
| (b) | Anthony J. DiGiore, Esq. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1830 West Broward Blvd NEW Registered Office Address: 2nd Floor 288 288 288 288 288 288 288 | | | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | address: AA B | | | | | |
| | 1830 West Broward Blvd | ASSE | | | | | |
| | NEW Registered Office Address: | | | 77 - 77 | | | |
| | 2nd Floor | | | 38 : 38 | | | |
| | Fort Lauderdale , FI | 33312 | | | | | |
| chang agent was/v | limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization for the operating agreement of the | registe ability of the li | ere co im | cred office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in | | | |
| <u>ر</u> ے | /12 lo 2/6 | <u>C1</u> | hri: | hristopher M. Capozzoli | | | |
| ~ | dure of a member or authorized representative of a member | | | Printed or typed name of signee | | | |
| provi. the ol to me | eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely keflect a change in the registered office address. It ed in writing of this change. | ee to a perfori d for in hereby | nci ma 1 (co | ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been | | | |
| Signa | ture of Registers in Agent | | | | | | |