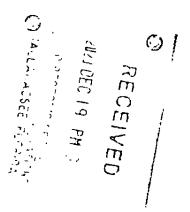
## LZI 000 220 373

1)	Requestor's Name)	_		
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((	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
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	Business Entity Name)			
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 185920 , 8357474

AUTHORIZATION : Williams

COST LIMIT : \$ 25.00

ORDER DATE: December 11, 2023

ORDER TIME : 1:31 PM

ORDER NO. : 185920-044

CUSTOMER NO: 8357474

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: FREEUP STORAGE OCALA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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. Na	ame of the limited liability company: FREEUP STOR	AGE OC	CALA, LLC	
2. (a)	17301 W COLFAX AVE SUITE 120	r	17301 W	COLFAX AVE SUITE 120
2. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		7) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	GOLDEN, CO 80401		GOLDEN	N, CO 80401
	05/17/2021		L2100022	20373
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)				
- ()	Registered Agent and Registered Office shown on the records of	the Florida	i Dept. of Sta	te:
	PARACORP INCORPORATED			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>	_
	155 OFFICE PLAZA DR 1ST FLOOR			
	TALLAHASSEE	32301	<del>-</del>	_
	! L	•		_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company		dress:	
	NEW Registered Office Address:		·	_
	1201 Hays Street			_
	Tallahassee	32301		_
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the /s/Jill Cilmi	registere ability co of the lim limited l	ed office an mpany, it i ited liabilit iability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'in writing of this change.	performa I for in C nereby co	ince of my hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Signatur	Grace E. Kirby, Asst. Vice F	President		

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