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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 134971

AUTHORIZATION :

COST LIMIT : \$ 25'.00/

ORDER DATE: November 16, 2023

ORDER TIME : 11:33 AM

ORDER NO. : 134971-021

CUSTOMER NO: 8429939

CHANGE OF AGENT

NAME: OSWEGO STORAGE MANAGER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

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: OSWEGO STOR	AGE N	MANA	3ER LLC	;		
2.	(a)	301 EAST LAS OLAS BLVD.	(b) 301	I EAST L	AS OLAS BLVD.		
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0/_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		SUITE 200		SUI	ITE 200			
		FT. LAUDERDALE, FL 33301	_	FT.	LAUDEF	RDALE, FL 33301		
		06/03/2021		L210	0025887	' 5		
3.		Date of filing/registration in Florida	4.	-	Do	ocument number		
5.	(a)							
		Registered Agent and Registered Office shown on the records of th WEINBERG, STEVEN A, ESQ.	e Florid	a Dept.	of State:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			~			
	7805 SW 6TH COURT					023 1		
		PLANTATION .FL	33324	_		PIL CO 2023 NOV 17 AHII SALLAWASSEE		
						رين الله الله الله الله الله الله الله الل		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Mice ac	idress		AHII: 22		
				<u> </u>		PER N		
		Corporation Service Company				· N		
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee 3	32301					
		, FL						
cha aga wa	ange ent w s/w e	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab.	egister ility co the lin	ed offi ompan nited li	ce and the y, it is he ability co	ne business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in		
		Jee & Comi			Jill Cilm	ni, Authorized Person		
		ure of a member or authorized representative of a member				inted or typed name of signee		
pro the to i noi	obli obli nere ifica	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for reflect a change in the registered office address. I here writing of this change	e to act erform for in (reby co	in thi. ance o Thaptë onfirm	s capacity f my dution or 605. F., that the i	y. I further agree to comply with the les, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been		
		e of Registered Agent E. Kirby, Asst. Vice President	/ **	.		F1 23344		

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