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(((H23000169225 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

dean@storageusa.com Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE **VERO STORAGE 1, LLC**

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## 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:	LLC				
2. (a)			(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE		
	5775 Collins Ave. Apt 303		5775 Colli	ins Ave. Apt 303		
	Miami Beach, FL 33140		Miami Be	ach, 33140		
	10/28/2021		L21000466	649		
3.	Date of filing/registration in Florida	— 4.		Document num	nber	
5 (a)	CT Corporation System					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	_ !c:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>52)</u>	-		
	1200 S Pine Island Road, #250				•. •	
	Plantation , F	33324		-	<b>V</b>	2023
				-	•	
(b)	Dean Jernigan			_		5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	iddress:			1
						7 <b>0</b> ( )
	NEW Registered Office Address:			-	₹ . —,,,	رن <del>د:</del>
	5775 Collins Ave. Apt 303				`	<del>_</del>
				_		
	Miami Beach , F	L_33140		_		
If the l	imited liability company is not organized under the la	ws of th	e State of Flo	orida, it is hereb	y confirm	ned that after the
agent v was/wo	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iability of of the li	ompany, it is mited liabilit	s hereby confirm y company or as	ned that t	he change(s)
1	s/ Dean Jernigan	Do	an Jernigan			
Signa	ture of a member or authorized representative of a member			Printed or typed r	name of sig	пее
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to ac perform ed for in hereby	ct in this cape nance of my c Chapter 605 confirm that i	acity. I further of duties, and I am i, F.S. Or, if thi the limited liabi	agree to a Jamiliar s docume ility comp	comply with the with and accept int is being filed any has been
	Dean Jernigan					
Signatu	re of Registered Agent					