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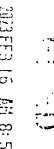
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			State in the decision of the initial	ig Officer.	

Office Use Only



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WECENED

A. BUTLER FEB 17 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 501894 | 8405883

AUTHORIZATION : STANDARD | 8405883

COST LIMIT : \$ 25.00

ORDER DATE : February 15, 2023

ORDER TIME : 9:18 AM

ORDER NO. : 501894-005

CUSTOMER NO: 8405883

CHANGE OF AGENT

NAME: RIZZZO SELF STORAGE OF MULBERRY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: ____

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	Rizzzo Self Storage of Mulbe	Rizzzo Self Storage of Mulberry, LLC					
	Name of Limited Liability Company						
Dear Sir or	· Madam:						
The enclos	ed Registered Agent/Registered	l Office Change and	d fee(s) are submitted for filing.				
Please retu	rn all correspondence concernii	ng this matter to the	following:				
Mark Woll:	schleger						
	Name of Person						
Rizzzo Se	lf Storage of Mulberry, LLC						
	Firm/Company						
1635 Com	mons Parkway						
	Address						
Macedon,	NY 14502						
	City/State and Zip Co	ode .					
mwollschle	eger@izzo.com						
E-ma	il address: (to be used for future	annual report noti	fication)				
For further	information concerning this ma	atter, please call:					
Mark Wolls	schleger	315 at (538-9126				
	Name of Person		Area Code & Daytime Telephone Number				
Re Di P.0	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	·	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the follow	ving amount:					
	\$25 Filing Fee	□ \$	555 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. N	ame of the limited liability company:	orage of	Mulberi	rry, LLC
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	16395 Brookfield Estates Way		163	395 Brookfield Estates Way
	Delray Beach, FL 33446		Delr	Iray Beach, FL 33446
	5/12/2022		L220	000195659
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a))			
	Registered Agent and Registered Office shown on the records o Bruce Dan	f the Flori	da Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u></u>	-
	16395 Brookfield Estates Way			7023
	Delray Beach, F	33446	;	
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office :	iddress:	<u> </u>
	Corporation Service Company			. 5 <u>+</u>
	NEW Registered Office Address:		 -	
	1201 Hays Street			
	Tallahassee F	32301		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the MANA BWALL.	e registe iability of of the li c limited	red offi compan mited li liabilit	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Signa	ature of a member or authorized representative of a member	_		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	ree to ac e perfori ed for in hereby	et in thi. nance o Chaptë confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signate	ure of Registered Agent			