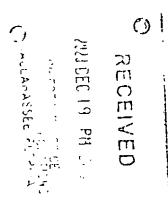
## L22000 298 414

	(Requestor's Name)	
	(Address)	
	(Address)	<del></del>
	(City/State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<del></del>
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 185920 8357474
AUTHORIZATION - Allenda
COST LIMIT : \$\frac{1}{2} \cdot 25.00
ORDER DATE : December 11, 2023
ORDER TIME : 1:23 PM
ORDER NO. : 185920-010
CUSTOMER NO: 8357474
CHANGE OF AGENT
NAME: FREEUP STORAGE BONITA SPRINGS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson EXT#

EXAMINER:

## STÅTEMENT 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.

. No	me of the limited liability company: FREEUP STOR	RAGE BONITA SPRINGS, LLC
2. (a)	1440 BRICKYARD ROAD #4	(b) 17301 W Colfax Ave Suite 120
(,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	GOLDEN, CO 80403	GOLDEN, CO 80401
	07/06/2022	
	Date of filing/registration in Florida	4. Document number
. <u>(a)</u>	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	Lapidus, Benjamin	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	155 OFFICE PLAZA DRIVE, 1ST FLOOR	
	TALLAHASSEE	32301
	, FI	<u></u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	1 Office address:
	NEW Registered Office Address:	
	1201 Hays Street	<u> </u>
	Tallahassee, FI	32301
iange gent w as/we	or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Jill Cilmi, Authorized Person
Signal	/s/ Jill Cilmi ure of a member or authorized representative of a member	Printed or typed name of signee
Signar		a