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From:

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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.\*\*

Email Address: dean@storageusa.com

## LLC REGISTERED AGENT CHANGE GAINESVILLE STORAGE 1, LLC

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T. LEMIEUX

## 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:  Gainesville Storu	ge 1, L	LC			·	
2. (a)			(b)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-)		•		l liability company:
	5775 Collins Avc. Apt 303		5775 Collins Avc. Apt 303				
	Miami Beach, FL 33140	_	-	Miami Be	ach, 33140		
	11/29/2022		L	22000497	7683		
3.	Date of filing/registration in Florida	- 4.	_		Document	number	
5. (a)	C T Corporation System						
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida D	Pept. of Sta	ate:		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u>:SS)</u>		_		
	1200 South Pine Island Road, #250			<del></del>	<del></del>		
	Plantation , FL	33324	•		<del></del>		20:
(D)	Dean Jernigan						2023 :
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	'ess:	_		, ! .;
						-	
						· ^	₽ () #
	NEW Registered Office Address: 5775 Collins Ave. Apt 303					~	Ω. 
	3773 Collins Ave. Apr. 303					·	9
	Miami Beach	33140	)				
change agent was/w the arti	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the li limited	ered com imite d lia	office ar pany, it i ed liabili bility cor	nd the busine is hereby cor ty company	ess office of afirmed th	of the registered at the change(s)
	/ Dean Jernigan	D 	еап.	Jemigan	Printed or ty	nad nema	Friance
_	ture of a member or authorized representative of a member		at l	, this ac-	•	•	_
provisi the obi to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I h d in writing of this change.	ree to a perfor d for in hereby	ict ir man i Ch con	i this cap ce of my apter 60. firm that	pacity. I furl duties, and . 5, F.S. Or, i the limited l	ner agree I am famil f this docu iability co	to comply with the liar with and acce timent is being file company has been
/s/	Dean Jernigan						

Signature of Registered Agent