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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 185920 8357474 AUTHORIZATION : Charles Rendo COST LIMIT : \$ 25.00 ORDER DATE: December 11, 2023 ORDER TIME : 1:22 PM ORDER NO. : 185920-007 CUSTOMER NO: 8357474 CHANGE OF AGENT NAME: FREEUP STORAGE BELLEVIEW LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

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	time of the limited liability company: FREEUP STORA	GE B	EL	LEVIEW LLC
2	(a)	17301 W COLFAX AVE STE 120	(b) 17301 W COLFAX AVE STE 120		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(~)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		GOLDEN, CO 80401	_		GOLDEN, CO 80401
		03/02/2023	_	L	23000096466
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
	•	Registered Agent and Registered Office shown on the records of the PARACORP INCORPORATED	e Flóric	da I	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	SS)	
		155 OFFICE PLAZA DR 1ST FLOOR			·
		TALLAHASSEE	32301		
		, r			
	(b)				
	` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice a	ddr	ess:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			
					
		Tallahassee	32301		
cha age wa	ange ent v s/we	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 liability and affirmative vote of the members of cles of organization or the operating agreement of the li	of the egister ility c the lir	e S red om	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
		/s/ Jill Cilmi	Jill	Ci	mi, Authorized Person
S	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to 1	visio obli merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change.	erform for in reby c	ian Ch on	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
چ	<u>~~~</u>	Oce Color Grace E. Kirby, Asst. Vice I	resde	nt	
SIE	natu	re of Registered Agent			