## L23000 109498

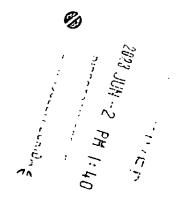
| (Requestor's Name)       |  |
|--------------------------|--|
| (Address)                |  |
| (Address)                |  |
| (City/State/Zip/Phone #) | <del></del>  |
| WAIT                     | MAIL   |
| (Business Entity Name)   | ÷ .  |
| (Document Number)        |  |
| _ Certificates of        | Status   |
| Filing Officer:          |  |
|                          | J. HORNE<br>JUN - 5 2023   |
|                          | Address)  City/State/Zip/Phone #)  WAIT  Business Entity Name)  Document Number) |

Office Use Only



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2023 JUN -2 PH 1: 06 SECRETARY PR TALLAHASSEL TO



## **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

| Date:  | Acc#120160000072  |
|--|---|
|  | Acc#I20160000072  |
| Name:  | PERSONAL MINI STORAGE KISSIMMEE, LLC                                    |
| Document #:  |   |
| Order #:   | 14966410  |
| Certified Copy of Arts<br>& Amend:<br>Plain Copy:<br>Certificate of Good<br>Standing:<br>Certified Copy of |   |
| Apostille/Notarial<br>Certification:   | Country of Destination:  Number of Certs:                               |
| Filing: 🗸  | Certified: ✓ Email Address for Annual Report Notification  Plain: COGS: |
| Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#                                   | Amount: \$ 55.00  |

Thank you!

## 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

| (a)                                  |   | (b)  |   |
|--------------------------------------|---|--|---|
| . (u) .                              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ ('')   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                                      | 6327 Edgewater Drive  |  |   |
|                                      | Orlando, FL 32810   |  |   |
|                                      | 03/09/2023  | 1,230  | 000109498   |
|                                      | Date of filing/registration in Florida  | 4.   | Document number   |
| . (a)                                | SMITH, MARC M   |  |   |
| ·. (a)                               | Registered Agent and Registered Office shown on the records of 6327 EDGEWATER DRIVE   | the Florida Dept   | . of State:   |
|                                      | Registered Office Address (MUST BE FLORIDA STREET)  | ADDRESS)   | 2023 .<br>SECT<br>TALL!   |
|                                      | ORLANDO, FL   | 32810  | 2023 JUN -2 PH<br>SECRETARY PH<br>ALLAHASSEEL   |
| (b)                                  | C T Corporation System  |  |   |
|                                      | Enter name of NEW Registered Agent and/or NEW Registered  | Office address:  |   |
|                                      | NEW Registered Office Address:  |  |   |
|                                      | 1200 South Pine Island Road   | <u>.</u>   |   |
|                                      | Plantation . FL   | 33324  |   |
| ne cha<br>gent v<br>vas/w            | imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the   | ws of the State<br>the registered<br>ability compa<br>of the limited<br>limited liabil | d office and the business office of the registere<br>ny, it is hereby confirmed that the change(s)<br>liability company or as otherwise provided in<br>ity company. |
| 14                                   | Tiffany S. Kenyon  Tiffany S. Keny  Tiffany S. Keny   |  |   |
| l here<br>provisi<br>he obi<br>o mer | the of ymember of authorized representative of a member<br>hy accept the appointment as registered agent and agr<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I i<br>d in writing of this change. | performance  | of my duties, and I am familiar with and accer  |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00