12300109559

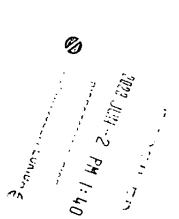
. (Requestor's Name)
. ((Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE JUN - 5 2023
Certified Copies	(Document Number) Certificates of Status Filing Officer:

Office Use Only



100409861261

2023 JUN -2 PH 2:39 SECREDANY 13 FALLAHASSET 1



CT CORP

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

D	ate:	06/02/2023	- w: DW
		Acc#I20160000072	4: () = V
Name:	PERSONAL	MINI STORAGE VIN	E, LLC
Document #:			
Order #:	14966410		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications
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.

1. Na	une of the limited liability company: PERSONAL MI	NI STORAG	E VINE, LI.	.C		
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)		
	6327 Edgewater Drive					
	Orlando, FL 32810					
	03/09/2023	t.:	2300010955	9		
3.	Date of filing/registration in Florida	4.	E	Document num	nber	
5. (a)	SMITH, MARC M					
(,	Registered Agent and Registered Office shown on the records of 6327 EDGEWATER DRIVE	the Florida D	ept, of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
					20 TA	
	ORLANDO , FI	32810			2023 JUN -2 SECRETARY ALLAHASSE	·[*]
(b)	C T Corporation System					-
1,117	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	: <u>ss</u> :		PH 2: 39	
	NEW During LONG Chiang				: ယ	_
	NEW Registered Office Address: 1200 South Pine Island Road					8
	1200 Godd File Island Road					
	Plantation, FI	33324				
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registe iability com of the limite	red office a pany, it is l ed liability	and the busine hereby confirn company or as	ess office of the r ned that the char	egistered 1ge(s)
14	Janu S. Kenyon Jare of a member or authorized representative of a member	Tiffany	S. Kenyon			
				Printed or typed n		
provisi the obl to merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is a T Corporagion System	r performan ed for in Ch	ce of my di apter 605.	uties, and Lam F.S. Or, if thi,	r familiar with a 's document is be	nd accept eine filed
By: Sienam	Maria Ozaeta, Vice P	resident				

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