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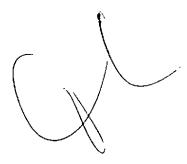
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TALL AHASSEE, FL

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 134971 8429939

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 16, 2023

ORDER TIME : 11:33 AM

ORDER NO. : 134971-019

CUSTOMER NO: 8429939

CHANGE OF AGENT

NAME: OPA LOCKA STORAGE PROPERTY 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.

2. (a) 301 E LAS OLAS BOULEVARD Principal office address of limited liability company: (Nove: MUST BE STREET ADDRESS) SECOND FLOOR FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 7/13/2023 L23000333109 3. Date of filling/registration in Florida FRANK, WEINBERG & BLACK, P.L. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ATTN: STEVEN WEINBERG, ESQ. Registered Office Address MUST BE FLORIDA STREET ADDRESS) 7805 SW 6TH COURT PLANTATION FL 33324 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street Tallahassee FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or in the case of a Florida limited liability company. It is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Jill Cilmi, Authorized Person	1. N	ame of the limited liability company: OPA LOCKA ST	ORAG	EF	ROPERT	YLLC
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) SECOND FLOOR FT. LAUDERDALE, FL 33301 TI. LAUDERDALE, FL 33301 TI. LAUDERDALE, FL 33301 Date of filing/registration in Florida Document number FRANK, WEINBERG & BLACK, P.L. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ATTN: STEVEN WEINBERG, ESQ. Registered Office Address Tallahassee FIL AUDERDALE, FL 33301 FIL AUDERDALE, FL 33301 FRANK, WEINBERG, ESQ. Registered Office Address: 1201 Hays Street Tallahassee FIL 32301 If the limited liability company is not organized under the laws of the State of Florida. it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company or as otherwise provided in the articles of traganization or the operating agreement of the limited liability company or as otherwise provided in the articles of traganization or the operating agreement of the limited liability company or as otherwise provided in the articles of traganization or the operating agreement of the limited liability company or as otherwise provided in the articles of traganization or the operating agreement of the limited liability company or as otherwise provided in the articles of traganization or the operating agreement of the limited liability company or as otherwise provided in the articles of traganization or the operating agreement of the limited liability company or as otherwise provided in the articles of traganization or the operating agreement of the limited liability company.		• • •		(h)	301 E LA	S OLAS BOULEVARD
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Signature of a member Printed or typed name of signee	Signa	ture of a member or authorized representative of a member			Jili Cil	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.	provisi the obi to mer notifie	ons of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to ac perforn for in ereby c	t ir nan Ch zon,	this capa ce of my a apter 605, firm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Grace E. Kirby, Asst. Vice President Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	_	e E. Kirby, Asst. Vice President	ov 43°	77-	Tallahaa	von El 32311

FILING FEE: \$25.00