Floridar Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAVESE LAW FIRM

Account Number : I20130000057 : (239)334-2195

Fax Number : (239)332-2243

Enter the email address for this business entity to be used for future ? Email Address: Michaellehner @ pavelelaw.com innual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE ESTERO STORAGE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

| ,9* | |
|---|---|
| | OVER LETTER |
| TO: Registration Section | |
| Division of Corporations | |
| ESTERO STORAGE, LLC | |
| SUBJECT: Name of Lin | mited Liability Company |
| | miles sitemay company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chan | ige and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| | · · |
| MICHAEL P. LEHNERT, ESQ. | |
| Name of Person | |
| radile of refson | |
| PAVESE LAW FIRM | |
| Firm/Company | |
| 1922 HIMIND V empres | |
| 1833 HENDRY STREET | |
| Address | |
| FORT MYERS, FLORIDA 33901 | |
| City/State and Zip Code | |
| michaellehnort@paveselaw.com | |
| E-mail address: (to be used for future annual repor | |
| • | • |
| For further information concerning this matter, please ca | ill: |
| MICHAEL P. LEHENRT, ESQ. 23: | 9 336-6280 |
| Name of Person at (|) Area Code & Daytlme Telephone Number |
| Mailing Address: | Street Address |
| Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| rananassou, 1 6 32314 | |
| | Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: | |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| NHS18 (2/14) | |
| · | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LEABILITY 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.

| i. N | ame of the limited liability company: ESTERO STORA | GE, L | LC | | | | _ |
|--|---|--|---|---|--|---|----------|
| 2. (a) | 579A LAMB CODDUCT DOLLAR | | 5784 LAKE FORREST DRIVE | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | Mailing address of limits (Note: MAY BE POS | - | | _ |
| | STB. 275 | | STE. 275 | | | | |
| | ATLANTA, GEORGIA 30328 | | ATLANTA | A, GEORGIA 30328 | | | <u>-</u> |
| | 09/13/2023 | | L230004283 | 378 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | _ |
| 5. (a) | GREENE, ROBERT F | | | | | | |
| , , | Registered Agent and Registered Office shown on the records of t 410 43RD STREET W | lic Fior | ida Dopt. of State | <u>ς</u> ; | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRE | <u>\$5)</u> | - | | | |
| | BRADENTON , FL | 34209 | ··· | - | SEC | 2024 FEB | |
| (b) | PLF REGISTERED AGBNT, LL.C. | | | - | LL AH | - 83 | (TE |
| ` ' | Enter name of NEW Registered Agent and/or NEW Registered | Office | iddress: | - | ASS | 9 | |
| | 1833 HENDRY STREET | | | | SEE. | AH 99 | |
| | NEW Registered Office Address: | | | • | FL | 9 : 0 4 | |
| | FORT MYERS , FL | 33901 | | | | | |
| change agent w was/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization of the li | egiste oility o the lii | red office and ompany, it is mited liability | the business office hereby confirmed the company or as other pany | of the regis | stered nec(s) | : |
| Signati | ure of a member or authorized representative of a member | _ | | Printed or typed name of | | | - |
| provision the oblination of th | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change | e to ac erforn for in ereby c | t in this capa iance of my d Chapter 605, onfirm that if | city. I further agree luties, and I am fami F.S. Or, If this doc he limited liability co | to comply liar with ar ument is be ompany ha. | with the nd accept ling filed s been | |
| Signature | e of Registered Agent | | | | | | |