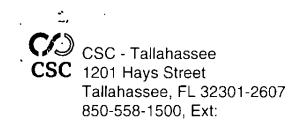
L24000115505

| ••• | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| Name : | | | | | |
| (Requestor's Name) | | | | | |
| | | | | | |
| | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| | | | | | |
| | | | | | |
| (Address) | | | | | |
| • | | | | | |
| • | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| | | | | | |
| - PICK-UP WAIT MAIL | | | | | |
| • | | | | | |
| ł | | | | | |
| (0) | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| hr. e. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ı | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| | | | | | |
| Office Use Only | | | | | |



000426909820

RECEIVED



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 04/12/24 Order #: 1474182-3

Re: DEER PARK STORAGE PROPERTY LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00

12000000195

AUTH

Please take the following action:

File on a routine basis

Issue proof of filing
Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. N | ame of the limited liability company:DEER PARK ST | TORAGE | PROPERT | YLLC |
|---|---|---------------------------------------|---|--|
| 2. (a) | 301 E LAS OLAS BOULEVARD | a | 301 E LA | S OLAS BOULEVARD |
| -/ (4/ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (, | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | SUITE 200 | | SUITE 20 | 00 |
| | FT. LAUDERDALE, FL 33301 | | FT. LAUD | DERDALE, FL 33301 |
| | 03/05/2024 | | L24000115 | 5505 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | WEINBERG, STEVEN A | | | |
| | Registered Agent and Registered Office shown on the records of 7805 SW 6TH COURT | e: | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) C/O FRANK WEINBERG & BLACK, PL | | | - |
| | PLANTATION | 33324 | | - |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company | Office ad | <u>dress</u> : | · |
| | NEW Registered Office Address: | | | - - <u>·</u> <u>·</u> <u>·</u> |
| | 1201 Hays Street | | | : |
| | Tallahassee, FI. | 32301 | | _ |
| change agent v was/w | imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registere ability co of the lim | ed office and impany, it is sited liability | d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in |
| | 757 Flor Hellinger | | | ez - Managing Member |
| - | iture of a member or authorized representative of a member | | | Printed or typed name of signee |
| I here provisi the obi to mer notifie | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have been appeared in the change. | | | |
| Signatu | ire of Registered Agent | GRA | CE E. KIRI | BY, ASST. VICE PRESIDENT |

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