M0300000 2083

(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:				





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148244-036

Re: SHURGARD-O'BRIEN MCCOY, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are $\overline{\phi}$ any problems or questions with this filing, please call our office.

QUCA.XCOA

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: SHURGARD-C	BRIEN M	CCOY, LLO	<u> </u>
2. (a)	701 Western Avenue. Suite 200 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Glendale, CA 91201	_	_	
	06/25/2003		M0300000	02083
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T Corporation System			
` .	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		•
	Plantation , FI	33324		
(b)	Corporation Service Company			20
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	
	1201 Hays Street			3 7.82 3 7.82 3 7.82 1.82
	NEW Registered Office Address:			To State
	Tallahassee	32301		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regist iability cor of the limi	ered office npany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Jill Cilmi	Jill C	ilmi, Autho	rized Person
I here provis the ob to men notifie	ature of a member or authorized representative of a member why accept the appointment as registered agent and age sions of all statutes relative to the proper and complete siligations of my position as registered agent as provide rely reflect a change in the registered office address, I call in writing of this change. ure of Registered Agent Corporation Service Company	e performa ed for in C hereby co	nce of my c hapter 605 nfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been per, Asst. Vice President