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(Re	equestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(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#: 148244-078

Re: STOR-ALL 36TH STREET LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{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 any problems or questions with this filing, please call our office.

QUCA.XCOA

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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.

. (a)	701 Western Avenue	(b)			
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited lial (Note: MAY BE POST OF		•
	Glendale, CA 91201	-				
	11/05/2014		M140000	008051		
i.	Date of filing/registration in Florida	4.		Document number		
i. (a)	C T Corporation System					
ι. (α)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	- te:		
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS		_		
			_			
	 			-		
	Plantation, FL	33324	·	_		
						٠.
(b)			. — — —	_	20	;
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:		(_ ii 2	<u>-</u> `
	4004 11 011				ين	mā:
	1201 Hays Street NEW Registered Office Address:			_		3
	Registered Office Address.				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	-5-m -€2.05
				_		2.75 2.75
					0	- 25m
	Tallahassee FL	32301		_		Ē.
he cha igent v vas/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of	vs of the the regis ability co	State of Flatered office ompany, it ited liabili	e and the business office is hereby confirmed that ty company or as otherw	med that a of the re	
	cles of organization or the operating agreement of the	limited I	iability co	mpany.		
	ill Cilmi	Jill C	Cilmi, Autho	orized Person	<u>_</u> _	
_	ture of a member or authorized representative of a member			Printed or typed name of sig	-	
l herei provisi	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	ree to act perform	' in this cap ance of m v	pacity. I further agree to duties, and I am familia	comply w r with and	vith the d accep
he obl o merc	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I l	d for in C hereby co	Chaptér 60 onfirm that	5, F.S. Or, if this docum the limited liability com	ent is beir pany has	ng filéa been
otifie	In writing of this change.	,	9		,y	JUU1,

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