

(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.					

Office Use Only



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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#: 148244-076

Re: STOR-ALL 2ND AVE. 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 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

l.	Na	me of the limited liability company: STOR-ALL 2ND	AVE. LL	.c
2.	(a)	77 SE 2nd Avenue	(b)	701 Western Avenue
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(3)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Deerfield Beach, FL 33441	_	Glendale, CA 91201
		06/19/2015		M15000004862
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
٥.	()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del></del> !
				N 559
		Plantation, FL_	33324	
				3 7高7 7 7次
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office edul	
		times mante of NEW INCOMES AND AND STATE OF THE PROPERTY OF	Connect add	Ires;
		1201 Hays Street		
		NEW Registered Office Address:	<del></del>	
				<del></del>
		Tallahassee FL	32301	
the ag wa the	e cha ent v is/we e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ill Cilmi	the registability confirmation from the limited li	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.
		ture of a member or authorized representative of a member	Jiii C	Cilmi, Authorized Person Printed or typed name of signee
I i pre the to no	herei ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete it ignations of my position as registered agent as provided its reflect a change in the registered office address, I have a considered of this change.  I in writing of this change.	performa I for in C iereby co	in this capacity. I further garee to comply with the

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