M1600001340

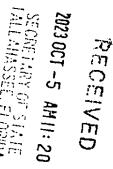
| (Re | equestor's Name | e) | | | |
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| PICK-UP | WAIT | MAIL | | | |
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| Certified Copies | Certificat | as of Status | | | |
| остиней форма | _ Ocianoar | es of Otatus | | | |
| Special Instructions to Filing Officer: | | | | | |
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| | | J. HORNE | | | |
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Office Use Only



400416565274





CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | |
|---|--|--|--|--|
| REFERENCE : 013618 8293887 | | | | |
| AUTHORIZATION: Constitution | | | | |
| COST LIMIT : \$ 25.00 | | | | |
| ORDER DATE : September 22, 2023 | | | | |
| ORDER TIME : 9:33 AM | | | | |
| ORDER NO. : 013618-098 | | | | |
| CUSTOMER NO: 8293887 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME: SIMPLY STORAGE OSPREY, LLC | | | | |
| | | | | |
| | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |
| CONTACT PERSON: Evliena Baker | | | | |

EXAMINER'S INITIALS:

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. Na | ume of the limited liability company: | RAGE OSF | PREY, LLC |
|-----------------------------|---|---|---|
| 2. (a) | 4901 Vineland Road Suite 350 | (b | 4901 Vineland Road Suite 350 |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Orlando, FL 32811 | | Orlando, FL 32811 |
| | 02/16/2016 | | M16000001340 |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) | | | |
| ` ' | Registered Agent and Registered Office shown on the records COGENCY GLOBAL INC. | of the Florida | Dept. of State: |
| | Registered Office Address (MUST BE FLORIDA STREET | ET ADDRESS | 2 |
| | 115 NORTH CALHOUN ST, SUITE 4 | | |
| | TALLAHASSEE | 32301 | |
| | | 1 15 | |
| (b) | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office add | dress: |
| | Corporation Service Company | | |
| | NEW Registered Office Address: | | |
| | 1201 Hays Street | | |
| | Tallahassee | FL 32301 | · |
| C . 1 11 | | | |
| hange gent v vas/we | or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the member cles of organization or the operating agreement of the vill Cilmi | the registere I liability cours of the limited li he limited li | mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in |
| Signat | ure of a member or authorized representative of a member | | Printed or typed name of signer |
| rovisi 1e obli 1 mere | ov accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ly reflect a change in the registered office address, I in writing of this change. | ngree to act eie performa ded for in C I hereby co | in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605. F.S. Or, if this document is being filed infirm that the limited liability company has been |
| | Drace C-Knby | (| Grace E. Kirby, Asst. Vice President |
| signatui | re of Registered Agent | | |