

M18000008635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

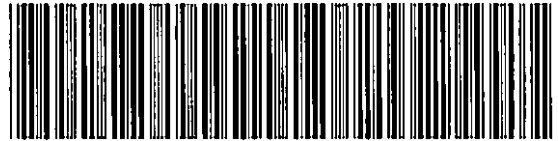
(Business Entity Name)

(Document Number)

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2022 OCT 13 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FL

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2022 OCT 13 AM 11:49

TALLAHASSEE, FL 32399



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: October 12, 2022

Account#: I20000000088

Name: David Shulman

Reference #: 1806206

Entity Name: BSREP II SIMPLY STORAGE TRS CORE LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

**ISSUES? CALL  
David:  
850-270-0082**

Authorized Amount: **\$25.00**

Signature: David Shulman

**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. Name of the limited liability company: BSREP II SIMPLY STORAGE TRS CORE LLC

2. (a) 4901 Vineland Rd, # 350, Orlando FL, 32811 (b) 4901 Vineland Rd, # 350, Orlando FL, 32811

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 09/19/2018  
Date of filing/registration in Florida

4. M18000008635  
Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SCHMUTZIER, KYLE A

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

4901 Vineland Road, Suite 350

Orlando, FL 32811

(b) COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*K.A.S.*  
Signature of a member or authorized representative of a member

Kyle Schmutzler  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Anthony E. ...*  
Signature of Registered Agent

**FILED**  
 2022 OCT 13 AM 9:00  
 SECOND FLOOR OF STATE  
 TALLAHASSEE, FL