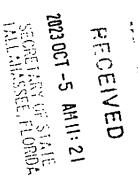
## M1800008635

(Requestor's Name)								
	(Address)							
(//0/	uiess)							
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nan	ne)						
	cument Number)							
(00)	cament Number)							
Certified Copies Certificates of Status								
Special Instructions to f	Filing Officer:							
J. HORNE								
*****								
	OCT -	- 6 2023						

Office Use Only



900416565229





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195										
REFERENCE : 013618 8293887										
AUTHORIZATION :										
COST LIMIT : \$\\\25.00										
· · · · · · · · · · · · · · · · · · ·										
ORDER DATE : September 22, 2023										
ORDER TIME : 9:31 AM										
ORDER NO. : 013618-006										
CUSTOMER NO: 8293887										
CHANGE OF AGENT										
<del></del>										
NAME: BSREP II SIMPLY STORAGE TRS										
CORE LLC										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY										
XX PLAIN STAMPED COPY										
CONTACT PERSON: Eyliena 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	ame of the limited liability company: BSREP II SIMPL	Y STO	RA	GE TRS	CORE LLC		
?	(a)	4901 Vineland Road, Suite 350	(b) 4901 Vineland Road, Suite 350					
	(4)	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	<del>-</del>	-	ORLAND	OO, FL 32811		
		09/19/2018	_	_ _	и1800000	08635		
3.		Date of filing/registration in Florida	4.		•	Document number		
5.	(a)							
	<b>\</b>	Registered Agent and Registered Office shown on the records of the COGENCY GLOBAL INC	he Florida	a D	Pept. of State	te:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		115 NORTH CALHOUN STREET SUITE #4			23(			
		TALLAHASSEE FL 3				FIL OCT -5		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company  NEW Registered Office Address:			- 100 1710a 1710a	7		
					90 <b>€</b>			
					<del></del>			
		1201 Hays Street			_			
						_		
		Tallahassee . FL	32301			_		
ch ag wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the E /S/ Jill Cilmi	registere bility co the lim imited l	ed om nite lia	office and pany, it is ed liability bility com	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided		
	Signat	ture of a member or authorized representative of a member				Printed or typed name of signee		
l l pro the to no	ierel ovisi obli mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided thy reflect a change in the registered office address, I he I in writing of this change.					the ept led	
Si	gnatu	re of Registered Agent	Gra	ice	E. Kirby	y, Asst. Vice President		