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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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| | • | 1 | Address: |
| Cilia | 1 | 1 | AUGI CSS. |

LLC REGISTERED AGENT CHANGE PHILLIPS SKYWAY STORAGE LLC

| Certificate of Status | 0 | |
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11- FEMIEUX MAR 1 6 2023

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

|) | 300 CRESCENT COURT | | (h) 300 CRESCENT COURT | | | |
|------|---|-----------|------------------------|---|------------------|--|
| | Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS) | | | dailing address of limited li (Note: MAY BE POST C | | |
| | SUITE 700 | | SUITE 700 |) | | |
| | DALLAS, TX 75201 | | DALLAS, | TX 75201 | | |
| | 03/12/2021 | | M21000002 | 856 | | |
| | Date of filing/registration in Florida | 4. | | Document number | | |
| il) | CORPORATION SERVICE COMPANY | | | | | |
| | Registered Agent and Registered Office shown on the records 1201 HAYS STREET | · | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T.ADDRE | <u>(SS)</u> | | | |
| | TALLAHASSEE | F1. 32301 | | | | |
| | C T Corporation System | | | · | | |
| | • | | | | | |
|) . | Enter name of NEW Registered Agent and/or NEW Register | ed Office | nddress' | م | 202 3 *** | |
|) . | | ed Office | nddress. | - كوم ^ا - | 91 c.n 8865 | |
|) . | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office | nddress. | ر _ه ا د | | |

| Grade grade | Sandra Zwijack, Authorized Person |
|--|-----------------------------------|
| Signature of a member or authorized representative of a member | Printed or typed name of signee |

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 charge in the registered office address. Thereby confirm that the limited hability company has been

notified in writing of this change.

C.T. Corporation System

By: SEANL EMERICK, ASSISTANT SECRETARY

Signature of Registered Agent

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