4/13/23, 10:09 AM

Division of Corporations

## Florida Department of Stat

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## LLC REGISTERED AGENT CHANGE

## MIÀMI CITY SELF STORAGE PEMBROKE PINES BLVD OWNER, L

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M. SOLOMON

APR 17 2023

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## 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.

I. No	ame of the limited hability company: MIAMI CITY S	SELF STORAGI	T PEMBROKE PINES BLVD OV	WNER, LLC	
2. (a)	300 CRESCENT CT., STE. 700	(b) 30	(b) 300 CRESCENT CT., STE. 700		
	Principal office address of limited liability company (Note: NUST BE STREET ADDRESS)	,,,	Mailing address of limited hit (Note: MAY BE POST O		
	DALLAS, TX 75201	DA	ALLAS, TX 75201		
	04/06/2021	M21	000003932		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATION SERVICE COMPANY				
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta F201 HAYS STREET		of State	2023	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2029 APR 13	
	TALLAHASSEE	T. 32301-2525		') \	
	CT Corporation System			AHII: I OF STAI F.F. GRI	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address		্নলি ক	
	NEW Registered Office Address:		<del></del>		
	1200 South Pine Island Road				
	Plantation, F	133324			
the cha agent w was/wo the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited be authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compared to the limited	d office and the business offici ny, it is hereby confirmed that liability company or as otherw	e of the registered in the change(s)	
	dia Viget.	Sandra Zv	wijack, Authorized Person		
I herei provisi the obl to mere notifica	ture of a member of authorized representative of a member by accept the appointment as registered agent and ay ons of all statutes relative to the proper and complet igations of my position as registered agent as provide ify reflect a change in the registered office address. If in writing of this change.  CT Corporation System ANU EMERICK, ASSISTANT SECRETARY	te performance led for in Chap I hereby confir	Printed or typed name of sins capacity. I further agree to of my duties, and I am familiater 605. F.S. Or, if this documn that the limited hability con	- a comply with the	

Signature of Registered Agent