Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

Phone : (800)345-4647 Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE ZRP ENGLEWOOD STORAGE LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pro subi Fla	mit:	ant to the provisious of sections 605.0114 or 605.01 is the following statement in order to change its to a. IZRP ENGL	egistered	office or re	distered agent, or both, in the State of	
1.	Nat	me of the Limited Liability Company:	_,,,,,	50101111	JE 223	
,	63	200 WINGO WAY STE 100		(b) 200 WINGO WAY STE 100 Malling address of limited Hability company: (Note: MAY BE POST OFFICE DOX)		
Z. (,a <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`			
		MT PLEASANT, SC 29464		MT PLE	ASANT, SC 29464	
		8/10/2021		M21000	010513	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	CT CORPORATION SYSTEM			!	
	` ′	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
1200 S PINE ISLAND RD					; G C	
		Registered Office Address GIUST BE FLORIDA STREE	TADDRES	<u>S</u>		
			_{FL} 3332	24	AN 10:	
,	(Ն)	Capitol Corporate Services, Inc. Enter name of NEW Resistered Assets and/or NEW Resister	ed Office o	ddrew:	17	
		515 East Park Avenue 2nd Fl NENY Registered Office Address:				
		Tallahassee	_L 3230)1		
the age was the	clu at v s/w arti	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member icles of organization or the operating agreement of the store of a incinter or authorized representative of a member	of the reg liability of of the li be limited	company, it is mited liability liability con	cand the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in pany. When the work of the change of signer	
I in pro the to i not	ere rvisi obi ner ifie	thy accept the appointment as registered agent and itins of all statutes relative to the proper and completing of my position as registered agent as proving the reflect a change in the registered affice address, and in writing of this change.	igree in a le perfori ded foi in I hereby	ot in this cape nance of niv t Chapter 605 confirm that	noity. I further agree to comply with the dulles, and I am familiar with and accept F.S. Or, if this document is being filed the limited Hability company has been	
D	La	nu Case Dela	nie Cas	e, Assistar	it Secretary on	
Sig	n∎li			·	rate Services, Inc.	
		Division of Corporations • P.C Filling	Box 632 FRR: \$2		see, FL 32314	

INHS18 (2/14)