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LLC REGISTERED AGENT CHANGE ARBORWOOD SELF STORAGE, LLC

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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.

1. Na	une of the limited liability company: ARBORWO	OD SELF	F STORAGE, LLC
2. (a)	5150 Tamami Trail N Suite 204	{b	b) 5150 Tamami Trail N Suite 204
` , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BON)
	Naples, Florida 34103		Naples, Florida 34103
	6/14/2022		M22000009269
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PLF Registered Agent, LLC		
	Registered Agent and Registered Office shown on the records o 1833 Hendry Street Registered Office Address		
	Fort Myers .F.	L_ 33901	I PE
(h)	Business Filings Incorporated		LAHASSEE FLORID
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ddress:
	1200 South Pine Island Road		
	NEW Registered Office Address:		
	Plantation . F.	L 33324	4
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lete authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the lim	sistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
	2VMIV	Eu	Eugene T. Minvielle IV, Manager
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer notified	ions of all statutes relative to the proper and completelligations of my position as registered agent as prividely reflect a change in the registered office address, led in writing of this change.	e veriormi	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
-	re of Registered Agent is Das, AVP, Business Filings Incorporated		
Om.	Division of Corporations P.O.	Box 6327	7• Tallahassee, FL 32514

FILING FEE: \$25.00

ENHS18 (2/14)