M24060011514

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UF	P: MISTY 8/28	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	CHANGE OF RA	
1.	VG FT MYERS STORAGE LLC (CORPORATE NAME AND DOCUMENT #)		
2.	(CORPORATE NAME AND DOCUMENT #)		
3.	(CORPORATE NAME AND DOCUMEN	X1`#)	
4.	(CORPORATE NAME AND DOCUME)	NT #)	
5.	(CORPORATE NAME AND DOCUMES	NT #)	
6.	(CORPORATE NAME AND DOCUMEN	(11 #)	
SPECIAI	INSTRUCTIONS:		

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: VG Ft Myers St	orage LLC		
2 (a)		(b)		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
	2601 S. BAYSHORE, STE. 1720	2601 S	. BAYSHORE, STE. 1720	
	MIAMI, FL 33133	MIAMI, FL 33133		
	08/15/2024	M24000	0010514	
3.	Date of filing/registration in Florida	4.	Document number	
<i>5</i> >				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of	State:	
	Business Filings Incorporated	, , , , , , , , , , , , , , , , , , ,		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		
	1200 South Pine Island Road	**************************************		
	Plantation, F	L_33324		
(b)			TALLAH.	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	CCS Global Solutions, Inc.		8 AF	
	NEW Registered Office Address:		E.FL	
	155 Office Plaza Dr. 1st Fl		57 STE	
	Tallahassee, F	L_32301		
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the Zachary Wunsch	e registered office iability company, of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in company.	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
I here provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act in this c e performance of r ed for in Chapter (hereby confirm th	vapacity. I further agree to comply with the	
/\$/ Signatu	Joanne Caswell Ire of Registered Agent			