050007170

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: October 12, 2022	Account#. 12000000000			
Name: David Shulman				
Reference #:				
Entity Name: PALMETTO SELF STORAGE CONDOMI	NIUM ASSOCIATION, INC.			
Articles of Incorporation/Authorization to Transact	Business			
Amendment				
✓ Change of Agent	ISSUES? CALL			
Reinstatement	David:			
☐ Conversion	850-270-0082			
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized Amount: \$35.00				
David Shulman Signature:				

-1.212.947.7200

-852,3975,1803

FEUROPEAN HQ

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 ange is submitted for a co	prporation organized	l under the la	ws of the State	of Florid	
	er to change its registered	•			J	TIONING
	the corporation: PALME					ATION ING
2. The principal office address:				koao, Suite		
	Orlando	F	lorida		32811	
The mailing a	address (if different):		<u> </u>			
4. Date of incorp	poration/qualification:	07/13/2005	_ Document i	number:	N0500000	7170
	f street address of the cur riment of State: (If resign		t and registere	d office on fil	c with the	
		Schmutzler, K	yle			
	4901	Vineland Road,	Suite 350	· · ·		
	Orlando	Florida		32811		2022 (C. F
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and	1/or registered	d office	.
	C(OGENCY GLOBA	AL INC.			
	115 North Calhoun Street, Suite 4					<u>ن</u> : 2
	P.O. Bux NOT acceptable					0.0
	Tallahas	ssee	Florida	32301		
is changed will	ss of its registered office be identical. s authorized by resolution board, or the comparati	,			•	agent,
Signatur	e of an office for director		Kyle Schn	nutzier	DS	
hereby accept to further agree to terformance of to the sent. Or, if this tereby confirm to	the appointment as regis to comply with the provis my duties, and I am fami a document is being filed that the corporation has	i meretvio relieci u	ree to act in to relative to the it the obligation change in the	his capacity proper and c on of my posit e registered o	complete tion as register	ęd
author Sich	gure of Registered Agent		10/12	/27 Date	 	
f signing on beh				t - smile		
	ny E. Macke	7 . V.P.				
	ped or Printed Name					

* * * FILING FEE: \$35.00 * * *