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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| (Bu | siness Entity Nan | ne) |
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| (Do | cument Number) | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234/229

Re: PS POMPANO, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

20 JUN 30 PH 12: 59

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

| statement of cha | nge is submitted for a corporation of | rganized under the laws of the State of Florida rgistered agent, or both, in the State of Florida. | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. The name of t | he corporation: PS POMPANO, INC | C. | | |
| 2. The principal | office address: c/o Public Storage, 7 | 701 Western Avenue, Glendale, CA 91201 | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 11/19/2004 | Document number: P04000158230 | | |
| 5. The name and | | red agent and registered office on file with the | | |
| | C T Corporation System | | | |
| | 1200 South Pine Island Road | | | |
| | Plantation, FL 33324 | の か に 上 に す | | |
| 6. The name and (if changed): | I street address of the new registered | agent (if changed) and /or registered office | | |
| | Corporation Service Company | | | |
| | 1201 Hays Street | 5 9 | | |
| | P.O. Box NOT acceptable | | | |
| | Tallahassee | FL 32301 | | |
| The street address changed will | ess of its registered office and the st be identical. | reet address of the business office of its registered agent, | | |
| Such change was authorized by the | is authorized by resolution duly add ne board, or the corporation has bee | opted by its board of directors or by an officer so in notified in writing of the change. | | |
| Xie | e & GOME | Jill Cilmi, Vice President | | |
| Signatu | re of an officer or director | Printed or typed name and title | | |
| I further agree to of my duties, an document is bei corporation has | the appointment as registered agent to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change to been notified in writing of this change to Service Company) | statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the | | |
| Ву: (Д Д | mleil | 01/29/2020 | | |
| Sig | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| | Asst. Vice President yped or Printed Name | | | |

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