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Division of Corpo	prations		
Fax Number : (
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Account Name	: REGISTERED AGENTS INC.		
Account Number			
•	7)200-2803		
Fax Number : 1	855)330-1010		
2.1	**Enter the email address for this busine	•	
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:: E	REGISTERED AGEN	IT CHANGE	
2020 A ¹⁰⁷ 1-3	CARSAFE STORAGE IN	ICORPORATED	
	Certificate of Status	0	
	Certified Copy	0	
	Page Count	02	

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CARSAFE STORAGE INCORPORATED
2. The principal office address: 3480 NW 41ST STREET MIAMI, FL 33142
3. The mailing address (if different): 3480 NW 41ST STREET MIAMI, FL 33142
4. Date of incorporation/qualification: 11/02/2012 Document number: P12000091990
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
MILLER, ANDREW F
3480 NW 41ST STREET
MIAMI, FL 33142
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Northwest Registered Agent LLC
7901 4th St N STE 300
P.O. Box NOT acceptable St. Petersburg FL 33702
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
ANDREW F MILLER Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
on Glove 08/03/2020
Signature of Registered Agent Dute
If signing on behalf of an entity:
Tom Glover Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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