## P95000039046

(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:	





600339880276

01/30/20--01029--001 \*\*35.00

20 JAN 30 PM 1:00

FEB 26 2020 C MCNAIR



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#: 148234/387

Re: PUBLIC STORAGE BROWARD, 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 JAN 30 PM 1:00

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

statement of cha	nge is sul	bmitted for a corpora	12, 617.0502, 607.1508, or 61 ation organized under the law. ee or registered agent, or both	s of the State of Flori	da
1. The name of t	he corpor	ation: PUBLIC STO	DRAGE BROWARD, INC.		
2. The principal	office add	dress: c/o Public Sto	rage, 701 Western Avenue,	Glendale, CA 91201	
-	,				
4. Date of incorp	oration/q	ualification: 05/16	/1995 Document no	umber: <u>P950000390</u>	46
		dress of the current r State: (If resigned, er	registered agent and registered nter resigned)	l office on file with the	•
	C T Cor	poration System			
	1200 Sc	outh Pine Island Roa	ad		20 1
	Plantati	on, FL 33324			- Tu
6. The name and (if changed):	I street ad	dress of the new regi	istered agent (if changed) and	/or registered office	20 Jil 30 PM 1:00
	Corpora	ition Service Compa	any		00
	1201 Ha	ays Street			
			P.O. Box NOT acceptable	<del></del>	
	Tallaha	ssee	FL	32301	
			the street address of the bus		
Such change wa authorized by th	is authori ie board,	zed by resolution di or the corporation h	aly adopted by its board of di as been notified in writing o	irectors or by an offic f the change.	er so
X	& P	aonei	Jill Cilmi, Vice Pi	resident	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appo to comply d I am fa ng filed n s been no	with the provisions	d agent and agree to act in to s of all statutes relative to the ept the obligation of my posi- lange in the registered office	e proper and complete tion as revistered ave	performance nt. Or if this nfirm that the
By: ( & )	. PV	Lei	01/29/2020		
Sig	nature of Re	gistered Agent	<u>-</u>	Date	
If signing on be	half of ar	n entity:			
Ami M. Casper,	Asst. Vic		<del></del>		

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