

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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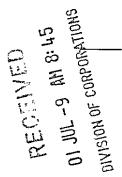
From:

Account Name : TURNBERRY ASSOCIATES

Account Number : I19990000201 Phone : (305)933-5505

Fax Number

: (305)933-5535



REGISTERED AGENT CHANGE

TURNBERRY SELF STORAGE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

RADA



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

Pursuant to the provisions of section the undersigned corporation organization.			rida Statutes,
submits the following statement in o	-		ıt, or both, in
the State of Florida.		- · ·	
1. The name of the corporation: Tu	rnberry Self Stora	ge, Inc.	
2. The mailing address of the corpora	ation: 19501 Biscay	ne Boulevard, Suite 400	
3. Date of incorporation/qualification	n: 08/22/1997	Document number: P9700	07307 0
4. The name and address of the curre	nt registered agent and o	office:	至声
Daniel J. Schwar	rt2		SSE SSE
19501 Biscayne	Blvd., Suite 400	***	PM 2:
Aventura, FL 33		<u> </u>	<u>95</u> -
5. The name and address of the new r	egistered agent (if change) (P. O. Box Not Accept)	ged) and/or registered office (i. able)	f changed):
Mario A. Romine			
19501 Biscayne	Blvd., Suite 400		
Aventura, FL 33	180		
The street address of its registered of agent, as changed, will be identical.	ffice and the street addr	ess of the business office of it	s registered
Such change was authorized by reso authorized by the board.			
Chr		July 5, 200	
(Signature of an officer, chairman or vi	ce chairman of the board)	(Date)	
Jeffrey Soffer			-
(Printed or typed name	e and title)		
Having been named as registered ag corporation, I hereby accept the app I further agree to comply with the pr performance of my duities, and I am j registered agent.	ent and to accept servic ointment as registered o ovisions of all statutes t familiar with and accep	ce of process for the above sta agent and agree to act in this relative to the proper and con t the obligation of my position	tted capacity. iplete i as
Jan - afroni	-	.ĭ#1v 5. 2001	
(Signature of Registered Agen	i)	July 5, 2001 (Date)	11.
f signing on behalf of an entity:			
(Typed or Printed Name)	Gomine		
(Typed or Printed Name)		(Capacity)	·
**	* FILING FEE: \$35.(10 * * *	
CR2E045(9/00)			
DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	