A97000000501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Change of RA

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TALLAHASSEE, FLORIDA

N. CAUSSEAUX
DEC 009
EXAMINER

N. CAUSSEAUX
DEC 23 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Storage partners of Winter Park Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000000501

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Barry Bender
Contact Person

Storage Partners of Winter Park
Firm/Company

5650 Greenwood Plaza Blvd Suite 143
Address

Greenwood Village CO 80111
City, State and Zip Code

barry@unitedstor-all.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

barry bender at (303) 290-9100
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Storage Patrners of Winter Park Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/27/1997
Date of filing/registration in Florida

3. A97000000501
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation
Name

1200 SOUTH PINE ISLAND ROAD
Address

PLANTATION FL 33324 US
City, State and Zip

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TALLAHASSEE, FLORIDA

5. The name and Florida street address of the new registered agent and/or office:

Arthur Victor
Name

1415 Panther Lane
Florida street address (P.O. Box not acceptable)

Naples FL FL 34109
City, State and Zip

6. ~~Such~~ change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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 obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: $35.00
Certified Copy (optional): $52.50