

A9700000501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A97-501

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Change of RA

FILED
09 DEC 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

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EXAMINER

N. CAUSSEAU
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

Name of Contact Person

at (303) 290-9100

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 Patrnrs of Winter Park Ltd
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2/27/1997 3. A97000000501
Date of filing/registration in Florida 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

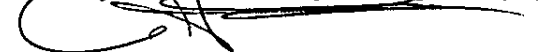
5. The name and Florida street address of the new registered agent and/or office:

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

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TALLAHASSEE, FLORIDA