B14000000058

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600262004066

DEPARTMENT OF STATE

LC RAPRO Change

AUG 2 8 2014 T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/27/14

NAME:

BLUE DOORS STIRAGE FUND L.E.P.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

ATTN: ABBIE HODGE

Ref. Number: 600262004066

We have received your document for and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

The document number M14000002221 that is listed on the enclosed document is for a business entity with a similar name of BLUE DOORS STORAGE FUND I GP, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 514A00018325

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	BLUE DOORS STOR	AGE FL	JND I, L.P.	
N	ame of Limited Partnership or Limit	ed Liability	Limited Partners	hip
2^A	April 2, 2014	3.	B14000	0000058
Date of filin	g/registration in Florida	 .	Florida docum	ent number
4. The name of the re Department of State:	egistered agent and the registered of	fice address	as shown on the	records of the Florida
	CT Corporatio	n System		
	Name			
	1200 South Pine	Island Ro	oad	
	Addres	5		TASE 7
	Plantation, Fl	. 33324		LAGO A
	City, State a	nd Zip		HA: 2
5. The name and Flo	rida street address of the new registe	ered agent an	d/or office:	14 AUG 26 AM ID: 18 SECTE ANSSEE FLORIDA FALLAHASSEE FLORIDA
	National Corporate Re	search, L	.td., Inc.	FLOS
	Name			RIGHT 18
	155 Office Pla	za Drive		P.
	Florida street address (P.O.	Box not acc	eptable)	
	Tallahassee	FI	L 32301	
	City, State at	nd Zip		
6. Such change(a) is	are effective when filed by the Flori	da Departme	ent of State.	
		_		
Signature of General	Partner			
comply with the provi	opiniturent as registered agent and a isions of all statutes relative to the phay accept the obligations of my po	roper and co	mplete perform	I further agree to ance of my duties,
Signature of Register		it Secretar	y	
Filing Fee	\$35.00			

Certified Copy (optional): \$52.50