## F98000000069

<b>6</b>					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: SmartStop, Inc.  (Name of corporation)					
DOCUMENT NUMBER: F98000000069					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Loretta McCool					
(Name of person)					
Unisearch, Inc./National Registered Agents, Inc.					
(Name of firm/company)					
3533 Fairview Industrial Drive SE					
(Address)					
C. I. OD OTOO					
Salem, OR 97302 (City/state and zip code)					
For further information concerning this matter, please call:					
To funder mannation concerning this matter, presso can.					
I watta M-Caal					
Loretta McCool at (800 ) 554-3113, ext. 1010 (Area code & daytime telephone number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Street Address: Amendment Section					
Division of Corporations P.O. Box 6327  Antendment Section  Pivision of Corporations 409 E. Gaines Street					
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399					

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1	508, or 617.1508, Florida Statutes, ti	his statement of
_	ted for a corporation organized under the laws o		in order
to change its reg	istered office or registered agent, or both, in the	State of Florida.	
1. The name of the	ne corporation: SmartStop, Inc.		
2. The principal of	office address: 315 SW Fifth Avenue, Suite 6	00, Portland, OR 97204	
3. The mailing a	ddress (if different): 315 SW Fifth Avenue, Su	uite 600, Portland, OR 97204	
4. Date of incorp	oration/qualification: 01/05/1998 D	ocument number: F9800000069	
5. The name and Florida Depart	street address of the current registered agent and timent of State:	I registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation FL 33324	7	图 28
6. The name and (if changed):	street address of the new registered agent (if cha	anged) and /or registered office	
	NRAI Services, Inc.		. 造
	526 E. Park Avenue		•
	(P.O. Box or personal mailbox N	OT acceptable)	,
	Tallahassee, FL 32301		
The street addre	ss of its registered office and the street address identical.	s of the business office of its register	red agent, as
Such change wa the board, or the	s authorized by resolution duly adopted by its e corporation has been notified in writing of the	board of directors or by an officer se change.	o authorized by
1		Bryan Petersen, Assistant Tre	acurar
	ignature of an officer or director)	(Printed or typed name and tri	ile)
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment as registered agent and agree to comply with the provisions of all statutes rel t familiar with and accept the obligation of my ly to reflect a change in the registered office a writing of this change.	to act in this capacity, ative to the proper and complete pe, position as registered agent. Or, if iddress, I hereby confirm that the co	rformance of my this document is rporation has
NRAI Services	Inc.  Has J. W. W. A. A. S. S. S. C.  (Signature of Registered Agent)	6-22-2004 (Date)	<u> </u>
If signing on be	half of an entity:		
Loretta F	7 mccool	Assistant Secretary	
<u>. — — </u>	(Typed or Printed Name)	(Capacity)	

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