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| Requester's N | | <u> </u> |
|--|--------------|---|
| SAFEGUARD SELF S 111 VETERANS BLVD. SUITE 1008 | TORAGE, INC. | |
| METAIRIE, LOUISIANA 70005 | • | |
| City/State/Zip | Phone # | CONTRACTOR OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE |

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Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. | | _ |
|---|--|--|
| (Corporation Na | me) (Document #) | |
| 2 | TALC 99 ST | |
| (Corporation Nat | me) (Document #) | <u>.</u> |
| 3. | ASSE P | } |
| (Corporation Nar | me) (Document #) | to the comment of |
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| (Corporation Nar | me) (Document #) | ······································ |
| | k up time Certified Copy I wait Photocopy Certificate of Status | - |
| NEW FILINGS | AMENDMENTS | |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| ☐ Annual Report ☐ Fictitious Name | Foreign Limited Partnership Reinstatement Trademark V. SHERARD | 199 |

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the |
|--|
| undersigned corporation organized under the laws of the State of |
| submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation is: SAREGUARD SELF STORAGE, INC. |
| |
| 2. The mailing address of the corporation is: VETERANS BLVD # 1150 , METAIRIO, L |
| 70005 |
| 3. Date of incorporation/qualification: 5/28/98 Document number: F9800003035 |
| 4. The name and address of the current registered agent and office: |
| CAPITAL CONNECTION INC 25 |
| |
| 417 E. VIRGINIA ST. SUITE 1 |
| TALLAHASSEE, FL. 32301 1500-342-8662 0 |
| 5. The name and address of the new registered agent and office. (P. O. Box Not Acceptable) |
| |
| 3708 W. BEARSS AVE |
| TAMPA, FL 33618 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. |
| Kurt Kleinshenit 8/16/99 |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| KURT KLEINBIENST, DIRECTOR OF SPECIAL PROJECTS |
| (Printed or typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent. |
| Sudan |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |

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