## 10200002846

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		9/24
	Office Use Only	



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Reply to East Office Dena L. Williams Legal Assistant dewilliams@hinklaw.com

September 13, 2005

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Storaway Self Storage of Orlando, LLC

Storaway Self Storage of Orlando Manager, LLC

Our File No. 0402-1250

Enclosed please find a Statement of Change of Registered Office or Registered Agent of Both for Limited Liability Company for Storaway Self Storage of Orlando, LLC and a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Storaway Self Storage of Orlando Manager, LLC for filing with your office. Also enclosed is our firm check in the amount of \$50.00 to cover the filing fee for both documents.

If you have any questions please feel free to call me. Thank you for your assistance in this matter.

Sincerely,

HINKLE ELKOURI LAW FIRM L.L.C.

Dena L. Williams Legal Assistant

/dew Enc.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability com	pany is: Storaway Self Storage of Orlando, LLC
	bility company is : 12280 East Colonial Drive,
Orlando, Florida 32826	
02/06/02	L02000002846
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and a Florida Department of State:  Norman Sci	the registered office address as shown on the records of the nulman  Name ample Road
12375 W. S	
Coral Sprin	Address gs, FL 33065 City, State and Zip stered agent and/or office:
6. The name and address of the new regi	stered agent and/or office:
United Stor-	All Management, LLC
1007 Willa S	Name Spring Drive
Florida stree	t address (P.O. Box NOT acceptable)
Winter Sprin	g, <sub>FL</sub> 32708
	City, State and Zip
confirmed that after the change or change and the business office of the registered liability company, it is hereby confirmed	ganized under the laws of the State of Florida, it is hereby es are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote opany or as otherwise provided in the articles of organization or ability company.

(Signature of a member or authorized representative of a member)

J. Scott Pohl
(Printed or typed name of signee)

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 as provided for in Chapter 668 If St. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Legist red Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**