

Florida Department of State 2006 JUN -8 A 10: 20

Public Access System

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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VISION OF CORPORATION

REGISTERED AGENT CHANGE

STORAWAY SELF STORAGE OF ORLANDO, LLC

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			CICTEDED ACENT OF
STATEMENT OF C	HANGE OF REGIST: BOTH FOR LIMITE	ERED OFFICE OR RE D LIABILITY COMPA	NY
			700L
Pursuant to the provisio liability company submit agent, or both, in the Stat	s the following statemen	or 608.508, Florida Sta it in order to change its	tutes, the undersigned limited registered office or registered office or registered TALLAHASSEC
1. The name of the limits	d lightlity company is:	Storaway Self Storage of Ork	ando, LLC
			4 Building P. Suits 200
2. The mailing address o	f the limited liability cor	npany 18 : 1223 N. Rock Ro	ed, building E, Suite 200,
Wichita, KS 57206			·
02/06/2002		L02000002846	
3. Date of filing/registrat	ion in Florida	4. Documen	number
6 Tm	1	1.65 14	a_ dl-= -a-amd£ala-
The name of the registree Florida Department of		ered office address as sno	own on the records of the
, = , , , , , , , , , , , , , , , , , ,	United Stor-All Managemen	nt, LLC	
		Name	
	1007 Willa Spring Drive		
	7	Address	
	Winter Spring, FL 32708	State and Zip	
	• .	· •	•
6. The name and address	of the new registered ag	ent and/or office:	
	C T Corr	oration System	,
		lame	
•	1200 South I	Pine Island Road	_
	Florida street address	(P.O. Box NOT acceptate	ole)
	Plantation	FL 33324	
	City, St	ate and Zip	
and the business office of liability company, it is be	hange or changes are ma the registered agent will reby confirmed that the nited liability company on at of the limited liability	ide, the Florida street add l be identical. Or, in the change(s) was/were auth- or as otherwise provided company.	ress of the registered office
Rebert N. Baker (Printed or typed name of signee)		····	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm CT Con	Iniment as registered ag is of all statutes relative d accept the obligations his document is being that the limited liability wration System	ent and agree to act in the to the proper and comple of my position as registed to merely reflect a city company has been notification.	is capacity. I further agree to the performance of my duties, tred agent as provided for in ange in the registered office ed in writing of this change.
(Sugnature of Rogistered Agent)	M.C. Com		
Divisio	M.S. GCean -	ASY. Sec.	F1 23214

FILING FEE: \$25.00

INHS18 (8.05)

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