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(Re	questor's Name)		
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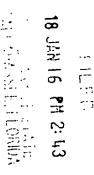


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S. WARREN JAN 17 2018

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	·				
SUBJECT: A Storage Solution of Destin, LLC	A Storage Solution of Destin, LLC				
Name of L	imited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matt	ter to the following:				
Kim Zeune					
Name of Person	 _				
A Storage Solution of Destin,LLC					
Firm/Company					
7871 Watkins Road					
Address					
Pataskala, Ohio 43062					
City/State and Zip Code					
zcd2003@gmail.com					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, pleas	e call:				
Kim Zeune at (740 927-7003				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amou	unt:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ime of the limited liability company: A Storage S	Solution of	Destin, Ll	_C
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3)	Ma	niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	733-A Hwy 98 East		Post Offic	e Box 1378
	Destin, FL 32541		Pataskala	, Ohio 43062
	09/17/2002	i	_02000024	1 213
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Ronald A. Mowrey			
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	- 18 - 18
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	515 North Adams Street			15
	Tallahassee	52301		N 16 PH 2
				7 2: 43
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:	>*
	Kim Zeune			
	NEW Registered Office Address:			
	733-A Hwy 98 East			
	Destin	_{FL} 32541		
the cha agent v was/w the art Signa I here provis, the ob- to mer notifie	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the florida member of a member of authorized representative of a member thy accept the appointment as registered agent and completions of all statutes relative to the proper and completing to the proper and completing to the proper and completing to the proper of the proper and completing the registered office address, din writing of this change.	of the regis I liability co is of the limi he limited li Kim	tered office mpany, it is ted liability ability comp Zeune	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee