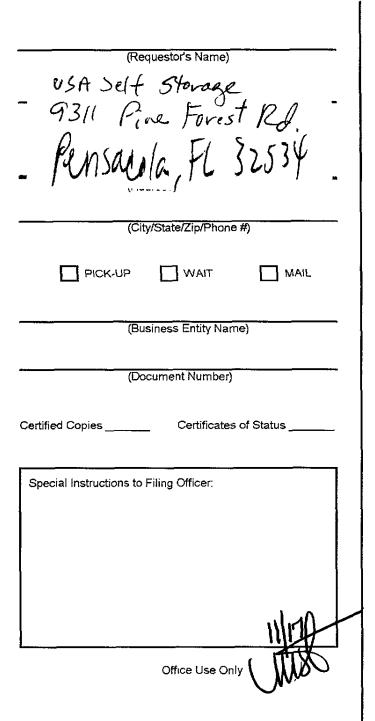
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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 company is: USA	SELF STORAGE, LLC.
2. The mailing address of the limited liability company is:9	311 PINE FOREST ROAD
PENSACOLA, FLA. 325	34
	L02000025943
3. Date of filing/registration in Florida 4.	Document number
5. The name of the registered agent and the registered office addressed and Florida Department of State:	
HANSON, CRAI	GS.
3/32 OXFORD C	IRCLE
Name 3/32 OXFORD C. Address PENSA COLA, F. City, State and Zip	LA, 32503
The name and address of the new registered agent and/or offic	
HANSON, CRAIC	<u> </u>
Florida street address (P.O. Box NO	
PENSACOLA, FL 32 City, State and Zip	<u>534</u>
If the limited liability company is not organized under the laws of the State of Florida, it is here y confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	
	•
(Signature of a member of authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper a and I am familiar with and accept the obligations of my position Chapter of F.S. Or if this document is being filed to merely readeress, thereby consider that the limited liability company has a	o act in this capacity. I further agree to ind complete performance of my duties, as registered agent as provided for in effect a change in the registered office been notified in writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327, Ta	allahassee, FL 32314

FILING FEE: \$25.00