## 04000034643

(Requestor's Name)						
UNIV 1021 Ive	es Dairy Road Sui	RAGE GROUP, INC				
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	☐ MAIL				
(Bu	siness Entity Na	me)				
(Do	ocument Number)	)				
Certified Copies	_ Certificate	s of Status				
Special Instructions to	Filing Officer:					
1/24	P(AC	hang				
64-	346	13				
	Office Use On	ily				



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07/26/04--01027--011 \*\*25.00

O4 JUL 26 PH #: 32

## 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 limite	ed liability company is:	Universal	Storage 27th Avenue	ue, LLC	
2. The mailing address o					•
Miami, Florida 33179					<u> </u> •
5/6/2004			L04000034643		
3. Date of filing/registrat	ion in Florida		4. Document number	r	<u>• · · · · · · · · · · · · · · · · · · ·</u>
5. The name of the registe Florida Department of			address as shown on the	he records of the	
	2875 N.E. 191st Str	Name eet, STE. 4	104		
	Aventura, FL 33180				
6. The name and address		State and Zi		ALLU Semi	
o. The hame and address	Mitchell A. Feldman		ince.	JUL 26	<u> </u>
	1021 Ives Dairy Roa	Name ad, STE. 11	1	<b>P</b>	m W
	Florida street address	(P.O. Box I	NOT acceptable)	φ: 32 • 12 • 13 • 13 • 13 • 13 • 13 • 13 • 13 • 13	
	Miami,	<sub>FL</sub> 3317	9		
	City, St	ate and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of Sighature of a member or author	nange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	ade, the Floral be identical change(:) so therwise impany.	ida street address of the case of a selection. Or, in the case of a selection by	he registered office I Florida limited an affirmative vo es of organization	or
(Printed or typed name of signee)	Foldman	· 	•		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered ag is of all statules relative d accept the obligations his document is being fi that the limited liability	ent and agree to the prope of my posit led to merel company h	ee to act in this capac er and complete perfo jon as registered agen y reflect a change in t as been notified in wr	ity. I further agree rmance of my duti it as provided for i the registered offic iting of this chang	e to es, in ce ce.

**FILING FEE: \$25.00** 

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

INHS18(10/99)