## L04000036095

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J. BRYAN APR 1 1 2006

## **COVER LETTER**

TO:	_	ation Section n of Corporations			
SUB.	JECT: _	Florida Portable St	orage, L.L.C	· .	
	_	(Name of I	imited Liabilit	y Company)	
Dear	Sir or Ma	dam:			
The e	enclosed F	Registered Agent/Registered (	Office Change a	nd fee(s) are submitted for filing.	
Pleas	e return a	ll correspondence concerning	this matter to the	he following:	
	Stephb	n T. Etheredge (Name of Person)			
	Buntin	, Etheredge & Dowling,	L.L.C.		
		(Firm/Company)		TALLAHASSEE, FLORIT	
	185 N.	Oates Street		PR - I	T =
		(Address)		SSE SSE	. [
				## 1	2 (
	Dothan			. <u>5</u> 7	-
		(City/State and Zip Code)		W.A.	
For f	urther info	ormation concerning this matt	er, please call:		
	Stephen	T. Etheredge	at ( <u>334</u>	) 793-3377	
		(Name of Person)	( <i>A</i>	Area Code & Daytime Telephone Nur	nber)
	Registra Division Clifton 2661 Ex	T/COURIER ADDRESS: ution Section of Corporations Building secutive Center Circle ssee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
	Enclos	ed is a check for the followin	ng amount:		
	<b>⊠</b> \$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 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:Florida Portable Storage, L.L.C.	
2. The mailing address of the limited liability company is:119 S. Woodburn Drive	
Dothan, AL 36301	
Bothan, AL 30301	
May 12, 2004 L04000036095	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of a Florida Department of State:	he
Corporation Service Company Name	
1201 Hays Street	
Address	
Tallahassee, FL 32301 City, State and Zip  6. The name and address of the new registered agent and/or office:  Stephen T. Etheredge, Jr.  Name  1119 Buena Vista Blvd.  Florida street address (P.O. Box NOT acceptable)	
6. The name and address of the new registered agent and/or office:	FILED
Stephen T. Etheredge, Jr.	m
Name	
1119 Buena Vista Blvd.	 
Florida street address (P.O. Box NOT acceptable)	Faret Marie
Panama City FL 32401	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereb confirmed that after the change or changes are made, the Florida street address of the registered and the business office of the registered agent will be identical. Or, in the case of a Florida limit liability of pany, it is hereby confirmed that the change(s) was/were authorized by an affirmative of the heribers of the limited liability company or as otherwise provided in the articles of organ or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	office ed
Douglas C. Creel	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered address, I hereby confirm that the limited liability company has been notified in writing of this ci	agree to duties, for in office lange.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00