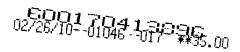
L05000021027

(Peguastor's Name)		
(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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FILED

10 MAR 22 AM 9: 38

SECURIARY OF STATE

D. BRUCE

MAR 2 3 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2010

STEVEN EKOVICH 10753 TAVAISTOCK DR. TAMPA, FL 33626

SUBJECT: PRIVATE STORAGE S. LLC

Ref. Number: L05000021027

We have received your document for PRIVATE STORAGE S. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 810A00005297

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PRIVATE STOP Name of Limited	MGS 5. CCC d Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
STEUEN M. 5 KOVIO	<u> </u>	
PRIUMTE STUMES S. LIC Firm/Company		5
10753 TAVUSTOCK DU Address	MAR 22 AM	1
Traph, FL 33626 City/State and Zip Code	9: 38 LORIDA	o de la
E-mail address: (to be used for future annual report notification	(nc	
For further information concerning this matter, plea	ase call:	
LSICHEKOVIMPEGMML.COMat (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 amount:		
\$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. Name of the limited liability company: paumt	2 STOMES S. LLC	
2. (a) Principal office address of limited liability company	y: LOTS 3 TAVISTOCIE DIE	
(Note: MUST BE STREET ADDRESS)	TAMPA, FC 33CAC	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
3/2/05	LUSU00021027	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	RUBERT STEUN	
Registered Office Address:	TRENAM KENKEN WE KENNEDY SUITE ZTUE TAMPA, FL 33602	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	STEUEN M. EKOVICH	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10753 TAVIGTOCK Dr.	
MCSI BE PLONIDA SINEEL ADDRESS	TAMPA ,FL 33626	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 or authorized representative of a member STAVE SUNVEY MAMBOR MANGE. Printed or typed name of signee		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited ttability company has been notified in writing of this change.		

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

Signature of Registered Agent