(Requestor's Name)					
(,					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(05-5457)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
12/27 RACh					

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COVER LETTER

Division of Corporations	-					
SUBJECT: Minnie Street LLC (Name of Limited I	Liability Company)					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.					
Please return all correspondence concerning this mat	tter to the following:					
Brian Willford						
(Name of Person)						
Minnie Street Self Storage (Firm/Company)	· · · · · · · · · · · · · · · · · · ·					
5305 Tapscott Ave.						
Cocoa FL. 32926 (City/State and Zip Code)						
For further information concerning this matter, please	e call:					
Brian Willford at (32	21) 504-3738					
(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	nt:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (8/05)

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.

	3						
1. The name of the limit	ted liability comp	pany is: Minnie Street LL	C.				·
2. The mailing address of	of the limited lia	bility company is: 5305	Tapscott Ave	١.			
Cocoa FL. 32926							
May 25, 2005		L05	000054571				
3. Date of filing/registration in Florida 4. Document number							
	tered agent and t	he registered office addre	ss as shown o	1 the re	ecords o	of the	
	Julie Willio	Name					
	5305 Tapso						
		Address	· · · ·	-	TA S	0	
	Cocoa FL.	32926		Ξ	FE	050	
		City, State and Zip			AH.	030	4
6. The name and address	of the new regis	stered agent and/or office:			ASS.	27	
	Brian Willfo	rd			ET C	I	П
		Name			F	AM 11: 23	U
	5305 Tapsco				≅ ₹	Ŋ	
	Florida street	address (P.O. Box NOT	acceptable)) A	w	
	Cocoa	FL 32926		_	_		
		City, State and Zip					
confirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreement.	change or change f the registered a creby confirmed mited liability co nt of the kimited	anized under the laws of the sare made, the Florida stagent will be identical. On that the change(s) was/we impany or as otherwise probability company.	reet address o r, in the case o ere authorized	f the re f a Flo by an	egistere rida lin affirma	d offici nited tive v	ote
(Signature of a member or author	rized representative o	f a member)	-				
(Printed or typed name of signed	Willfor	-d					
, ,,	•	tered agent and agree to a relative to the proper and igations of my position as being filed to merely reflicability company has be	act in this cap i complete per s registered ag ect a change i en notified in s	acity. forman ent as n the r writing	I furthence of new force of the provide gisteres of this	r agre vy dut ed for ed offi chang	e to ies, in ce ze.

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