1050000 85823

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Clattes
Special Instructions to Filing Officer:
66. Thomas SEP -9 2005

Office Use Only



700059184567

09/06/05--01010--002 **25.60

05 SEP -6 AHH: 42

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Bayshore Self Stor (Name of	rage LLC Limited Liability Company)		
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	g.	
Please	return all correspondence concerning	g this matter to the following:		
Jan	nes J Murtaugh II (Name of Person)		74 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	05
Bay	shore Self Storage LLC		3. E	05 SEP -5
	(Firm/Company)			
P.O	. BOX 1133		SI IS	24:11 HW
	(Address)			: 42
EST	ERO, FL 33928			
	(City/State and Zip Code)			
For fu	rther information concerning this mat	tter, please call:		
JAN	IES J MURTAUGH II	at (239) 267-0101		
	(Name of Person)	(Area Code & Daytime Telephon	e Num'	ber)
	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 followi	ing amount:		
	\$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.

1.	The name of the limited liability company is: BAYSHORE SELF STORAGE LLC
2	The mailing address of the limited liability company is • P.O. BOX 1133.

ESTERO, FL 33928

AUGUST 30, 2005

L05000085823

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 the Florida Department of State:

SPIEGEL & UTRERA, P.A.

Name

1840 SW 22ND ST., 4TH FLOOR

Address

MIAMI FL 33145

City, State and Zip

6. The name and address of the new registered agent and/or office:

JAMES J MURTAUGH II

22200 SEASHORE CIRCLE

Florida street address (P.O. Box NOT acceptable)

ESTERO,

FI. 33928

City, State and Zip

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)

JAMES J MURTAUGH II

(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 liability company has been notified in writing of this change.

(Signature of Registers) Agont)

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

FILING FEE: \$25.00