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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Seagrove Self Storage, I	LLC of Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
Gary B. Leuchtman (Name of Person)			
Beggs and Lane (Firm/Company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
501 Commendencia Street			
(Address)			
Pensacola, Florida 32502			
(City/State and Zip Code)			
For further information concerning this n	natter, please call:		
Gary B. Leuchtman	at (850) 432-2451		
(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 follo	wing 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. The name of the limit	ed liability company is:	Seagrove Se	If Storage, LLC			
2. The mailing address of	of the limited liability con	npany is:_				,
101-A Business Centre Dr	ive, Destin, Florida 32550					
09/20/2005	<u> </u>	-	L05000092489			<u> </u>
3. Date of filing/registration in Florida		- '	4. Document number			
5. The name of the regist Florida Department of	ered agent and the registe State:	ered office	address as shown on the	records	of the	;
	Herman L. Neese, Ji	<u>.</u>		_		
		Name		-		
	101-A Business Centre					_
	Α	ddress		500	0	7
	Destin, Florida 32550		·		7.00	Charging
	City, S	tate and Zi	p	至而	AUG	1 1
6. The name and address	of the new registered age	ent and/or o	office:	ASSE TAKE	29	Commo
	Gary B. Leuchtman			inc.	PH	m
		ame	<u> </u>	ΞS	Š	- Contraction of the Contraction
	501 Commendencia St	reet		물목	ယ	
	Florida street address	(P.O. Box l	NOT acceptable)	DE	2	
	Pensacola	FL 3250		_		
	City, Sta	ate and Zip				
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lin or the operating agreeme	change or changes are ma f the registered agent will ereby confirmed that the	de, the Flo be identic change(s) v	rida street address of the al. Or, in the case of a Fl vas/were authorized by an	register lorida li n affirm	ed off mited ative	vote
(Signature of a member or autho	rized representative of a member)	E 17 V Tomps 2 V Windows		4,-	• •
Printed or typed name of signee	T MOBBER		and the second second	<u>.</u>		
I hereby agcept the appo comply with the provisio, and I am familiar with a Chaptey 608, F.S. Dr. if address I thereby confirm (Signature of Registered Agent)	· * //	ent and agr to the prop of my posi led to mere company h	ree to act in this capacity, er and complete perform ion as registered agent a ly reflect a change in the ias been notified in writin	. I furth ance of is provi registe ng of thi	ier ag my di ded fo red of is chai	ree to uties, or in Tice nge.
/ Divici	on of Cornorations PA	Roy 6322	Tallahassaa FL 3731.	A		

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