## 105000123280

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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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## **COVER LETTER**

<b>FO:</b> Registration Section Division of Corporations	
Add-A-Room Self Storage o	f Sarasota LLC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Grant Pies	
Name of Person	
F:/0	· · · · · · · · · · · · · · · · · · ·
Firm/Company	
7407 Riviera Cove	
Address	<del></del>
Bradenton FL 34202	
City/State and Zip Code	
grantpies@hotmail.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Grant Pies	941 388-8422 at ( )
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	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 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	v. Add-A-Room Self Storage of Sarasota LLC					
2. (a)	7407 Riviera Cove, Bradenton	, FL 34202	(b)	7407 Riv	iera Cove, Brade	enton, FL 342	202
_, (4)	Principal office address of limited li (Note: MUST BE STREET A			M	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	12/29/2005		 L	0500012	3280		<del></del>
3.	Date of filing/registration in	n Florida	4.	1	Document number		
5. (a)	Grant Pies						
	Registered Agent and Registered Office sho	wn on the records of	the Florida I	Dept. of State:			
	Registered Office Address (MUST BE F	FLORIDA STREET	ADDRESS)	<del></del>		3	
	5530 Pinkney Ave.					Ħ	a ziani Pan j
	Sarasota	, FI	34202			HAR 20 PM 2:	)   
41.5	Grant Pies					F	
(b)	Enter name of <u>NEW Registered Agent</u> and	or NEW Registered	d Office addr	ess:		5 1.8 2: 1.8	"" fluid skuft"
						† <del>""</del>	
	NEW Registered Office Address:						
	7407 Riviera Cove			· · · · · · · · · · · · · · · · · · ·			
	Bradenton	, FI	34202				
the cha agent v was/we	imited liability company is not organ inge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote icles of organization or the operating	street address o Florida limited li of the members	f the registe iability con of the limit	ered office npany, it is ed liability	and the business off hereby confirmed the company or as other	fice of the regist hat the change(s	tered  s)
	THE THE PARTY OF T		Gran	t Pies			
•	ture of a member or authorized representative				Printed or typed name o	J	
I herei provisi the obl to mere notified	by accept the appointment as register ons of all statutes relative to the projections of my position as registered ely reflect a change in the registered d in writing of this change.	red agent and ag per and complete agent as provide office address, I	ree to act i e performa ed for in Ch hereby cor	n this capa nce of my d napter 605, nfirm that t	city. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c	to comply with liar with and ac ument is being j ompany has bed	n the eccept filed en
Signatu	re of Registered Agent						