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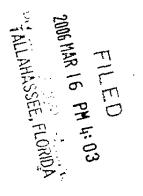
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J. BRYAN MAR 2 2 2006

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Storage Factory South LLC (Name of Limite	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 n	natter to the following:	
Marla R. Mayster (Name of Person)		
Hodgson Russ LLP (Firm/Company)	2006 1	
1801 N. Military Trail, Suite 200	是是五	
(Address)	SSEE	
Boca Raton, FL 33431 (City/State and Zip Code)	ZOOG MAR 16 PH 4: 03 TALLAHASSEE, FLORIDA	
For further information concerning this matter, ple	ease call:	
Marla R. Mayster 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 am	ount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

* 1 × 2 × 3

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 compar	ny is: Storage Factory South LLC
2. The mailing address of the limited liabili	ity company is:
1201 S. Ocean Dr., Hollywood, FL 330	19
January 10, 2006	L06000003177
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: Mitchell B. Ki 1801 N. Militan Boca Raton, F 6. The name and address of the new register Marc Bianchi 1201 S. Ocean Florida street ad	Name ry Trail, Suite 200 Address L 33431 City, State and Zip red agent and/or office: Name n Dr. dress (P.O. Box NOT acceptable)
<u>Hollywood,</u> Ci	FL 33019 ity, State and Zip
If the limited liability company is not organiconfirmed that after the change or changes a and the business office of the registered age	ized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office nt will be identical. Or, in the case of a Florida limited at the change(s) was/were authorized by an affirmative vote pany or as otherwise provided in the articles of organization bility company.
Signature of a member or authorized representative of a r	nember)
Marc Bianchi, Managing Member (Printed or typed name of signee) I hereby accept the appointment as register comply with the provisions of all statutes reland I am familiar with and accept the obligation of the continuous provided in the limited lies.	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in sing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.
(Signature of Registered Agent)	The state of the s
Division of Corporations	s, P.O. Box 6327, Tallahassee, FL 32314

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