

LD8000044827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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10 AUG 20 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Collins AUG 23 2010



**NRAI  
CORPORATE  
SERVICES**

An NRAI Solutions Company

**Corporate Filing Transmittal Form**

To: Secretary of State of FL  
Order #: coa-5665

From: Jon Miles  
Date: August 16, 2010

Target Name

Dom Juris

**Backyard Storage Solutions, LLC**

**FL**

Attached for filing, please find the following:

**Change of Registered Agent**

Please return the original evidence to the following:

Jon Miles  
NRAI Corporate Services, Inc.  
101 West Vandalia Street, Suite 245  
Edwardsville, IL 62025

Special Instructions/Notes:

**Please Send Via:**

☐ Email:

☐ Fax:

☐ FedEx

☒ Mail

**Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!**

**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. Name of the limited liability company: Backyard Storage Solutions, LLC

2. (a) Principal office address of limited liability company: 1410 Ross Ave.

☒ (Note: **MUST BE STREET ADDRESS**) Kissimmee, FL 34744

(b) Mailing address of limited liability company: 1000 Ternes Drive

☒ (Note: **MAY BE POST OFFICE BOX**) Monroe, MI 48162

05/05/2008

3. Date of filing/registration in Florida

4. Document number L08000044827

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Gary West

Registered Office Address: 1410 Ross Ave.  
Kissimmee, FL 34744

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: NRAI Services, Inc.

**NEW** Registered Office Address: 2731 Executive Park Drive, Suite 4  
**(MUST BE FLORIDA STREET ADDRESS)** Weston, FL 33331

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.

Cathi J. Wall  
Signature of a member or authorized representative of a member

Cathi J. Wall  
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. On 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.*

by: Sean L. Emerick  
Signature of Registered Agent Sean L. Emerick, Asst. Secy.

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