## L11000003629a

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A. LUNT					
20141					
JUL 11 2011					
EXAMINER					
WIINER					

Office Use Only

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SECRETARY OF STATE

FILED

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ				age Re	ental, LLC		_
Dear :	Sir or Madam:						
Don'	on or madam.						
The e	nclosed Registered Agent/Registered	d Office	Change	and fee	(s) are submit	ted for filing.	
Please	e return all correspondence concerni	ng this m	atter to	the follo	owing:		
	Fred B. Share, Esq.						2
	Name of Person			<del></del>			
						SEGRETARY OF STATE ALLAHASSEE, FLORID,	=
	Firm/Company			<del></del>		my s	•
						F'STAT	Ē
	1092 Ridgewood Avenu	۵				DATE OR SE	** •
-	Address			<del>_</del>		8 m 8	•
	Holly Hill El 32117						
Holly Hill, FL 32117 City/State and Zip Code							
	Laura@JABalboa.com						
E	Laura@JABalboa.com mail address: (to be used for future annual repo	rt notification	on)	<del></del>			
For fu	rther information concerning this ma	atter, ple	ase call	:			
	Billie K Matthews	at (	386	)	253-1	1030	
	Name of Person			Area Code	& Daytime Telep		_
	STREET/COURIER ADDRESS:		MA	HING	ADDRESS:		
	Registration Section			istration			
	Division of Corporations		_		Corporations		
	Clifton Building		P.O	. Box 632	27		
	2661 Executive Center Circle		Tall	lahassee,	Florida 32314		
	Tallahassee, Florida 32301						
	Enclosed is a check for the follow	ing amo	ount:				
	\$25 Filing Fee		\$5	5 Filing	Fee & Certifi	ed Copy	

TO:

## 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.

Name of the limited liability company: Great	Outdoors Storage Rental, LLC					
2. (a) Principal office address of limited liability compan	360 Walker Street					
(Note: MUST BE STREET ADDRESS)	Holly Hill, FL 32117					
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	Same AHAS					
March 24, 2011  3. Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on	L110000362929  4. Document number  the records of the Florida Dependingstate.					
Registered Agent:	Shirley Barnes					
Registered Office Address:	7 Minnow Drive Ormond Beach, FL 32174					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	Chobee Ebbets, Esquire					
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	#200 Daytona Beach ,FL32114					
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						
Al Balboa Printed or typed name of signee	_					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of a lam familiar with and accept the obligations of my pochapter of the light of the limited liability company signature of legistered Acoustics.	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.					

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