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From:

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Account Number : I20020000154 Phone : (954)525-9900

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Skye. halmos @ reuniongroup. com

LLC REGISTERED AGENT CHANGE FLAGLER STORAGE GP, LLC

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EXAMINER

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10/11/2012

H12000247697

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:	Flagler Storage GP, LLC
2. (a) Principal office address of limited liability compan	y: 17 W. Las Olas Blvd., 2nd Floor
(Note: MUST BE STREET ADDRESS)	Ft. Lauderdale, Ft. 33301
(b) Mailing address of limited liability company:	17 W. Las Olas Blvd., 2nd Floor
(Note: MAY BE POST OFFICE BOX)	Ft, Lauderdale, FL 33301
6/14/2012 3. Date of filing/registration in Florida	1.12000079064 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Alan Hooper
Registered Office Address:	17 W. Las Olas Blvd., 2nd Floor Ft. Lauderdale, FL 33301
(b) Enter name of <u>NEW Registered Agent</u> and/or NI	EW Registered Office address:
<u>NEW</u> Registered Agent:	Steven Halmos
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17 W. Las Olas Blvd, 2nd Floor Ft. Lauderdale ,FL 33301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business of lice of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company of the limited liability company of the limited of a member. Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the candidate of the limited liability company. I have both the provisions of this document is being filled to address, hereby confirm that the limited liability company. Signature of Rogistered Agent	e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Floridalimited (s) was/were authorized by an affirmative rote interwise provided in the articles of organization into the case of a Floridalimited (s) was/were authorized by an affirmative rote interwise provided in the articles of organization into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote into the case of a Floridalimited (s) was/were authorized by an affirmative rote of the case of the

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

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