## L12000158978







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SEUTETARY OF SINGE

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: About Storage LLC

Name of Limited 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 matter to the following:

Robert Million

Name of Person

About Storage LLC

Firm/Company

15 River Park Dr, No

Address

Palm Coast, FL 32137

City/State and Zip Code

rbmillion@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colby Vose

. 949

673-3333

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:

■ \$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 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.

| I. Na   | me of the limited liability company: About Storage, LLC  |   |   |
|---|--|---|---|
| 2. (a)  | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   | 15 River Park Drive, No<br>Palm Coast, FL 32137   |   |
| (b)   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   | P O Box 352469 Palm Coast, FL 32135Dc   |   |
| Dec 20, 2   | 2012   | L12000158978  |   |
| 3. Da   | te of filing/registration in Florida   | 4. Document number  |   |
| 5. (a)  | Registered Agent and Registered Office shown on t  | he records of the Florida Dept.   | of State: عند   |
|   | Registered Agent:  | Robert Million  |   |
|   | Registered Office Address:   | 12 Pelican Court<br>Paim Beach, FL 32137  |   |
| (b)   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:  | V Registered Office address:  | 1:00  |
|   | NEW Registered Office Address:   | 15 River Park Drive, No   |   |
|   | (MUST BE FLORIDA STREET ADDRESS)   | Palm Coasi  | F[_32137  |
| confirmand the liability the me the ope           | imited liability company is not organized under the land that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company. | orida street address of the regist<br>cal. Or, in the case of a Florida   | tered office<br>Llimited  |
| Printed o   | nvestment Co. Member, by Colby Vosa, President<br>or typed name of signee  |   |   |
| I herel<br>comply<br>and I a<br>Chapte<br>addres: | by accept the appointment as registered agent and ag<br>yith the provisions of all statutes relative to the pro<br>m familiar with and accept the obligations of my pos<br>r 608, AS. Or, if this document is being filed to mer<br>s, I hereby confirm that the limited liability company   | ree to act in this capacity. I fu<br>per and complete performance<br>ition as registered agent as pro<br>ely reflect a change in the regis<br>has been notified in writing of | rther agree to<br>of my duties,<br>wided for in<br>stered office<br>this change |
| Signatura   | of Registered Agent  |   |   |