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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT: ACE SUPER STORAGE, LLC	CE SUPER STORAGE, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Debra Durrance						
Name of Person						
Affordable Secure Storage - Labelle, LLC						
Firm/Company						
5775 State Road 80						
Address						
Labelle, FL 33935						
City/State and Zip Code						
operations@supertowersinc.com						
E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please of	alt:					
Erik Martin 9	78 273-7293					
Name of Person	Area Code & Daytime Telephone Number					
STREET/s OURIER ADDRESS: Registration Section Division of Apporations 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 605.0114 or 605.0116, 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. 1	Name of the limited liability company: ACE SUPE	RSTOR	AGE, L	LC	
)				
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	- , <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	16300 Old 41 Road		16300	Old 41 Road	
	Naples, FL 34110		Naple	s, FL 34110	
	02/19/2013		L1300	0025932	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	a)				
`	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of S	State:	
	Annette S. Bernal				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	16300 Old 41 Road				
	Naples	34110)	2111 DCT 23 PK 3° 00	
	Naples	FL			
(b)			7	
(0	Enter name of NEW Registered Agent and/or NEW Register	red Office ac	ldress:	—————————————————————————————————————	
				00	
	Debra Durrance			<u> </u>	
	NEW Registered Office Address:				
	5775 State Road 80				
	Labelle	33035			
	Laborio	FL_33935		<u> </u>	
the cl agent was/v	limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the	of the regi Hiability c s of the lin	istered of ompany, nited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
-1	10		•	• •	
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee	
provi the oil to me	weby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as providurely rely reflect a change in the registered office address, ed in writing of this change.	igree to ac ite perform ded for in I hereby c	t in this c nance of n Chapter (confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 805, F.S. Or, if this document is being filed at the limited liability company has been	

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

Debra Durrance

Signature of Registered Agent