L130000 94134

(Requestor's Name)			
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	 e #)	
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PICK-UP	☐ WAIT	MAIL	
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(80	Siness Littly Har		
(Do	cument Number)	•	
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			

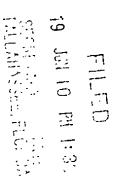
Office Use Only



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JUN 2 2 2019 S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations	•	•		
SUBJI	ASSURED STORAGE AB L	LC.			
0020	-	Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	nclosed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the fo	llowing:		
Nina	Tarowsky				
	Name of Person		•		
Unite	d Corporate Services, Inc.				
	Firm/Company		•		
10 Bá	ank St. Ste. 560				
	Address		•		
White	e Plains, NY 10606				
	City/State and Zip Code		•		
julie@	gstonerlaw.com				
- H	E-mail address: (to be used for future and	nual report notifica	ition)		
For fu	rther information concerning this matter	, please call:			
Nina	Tarowsky	914 at (949-9188		
	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	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	\$25 Filing Fee	☐ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

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.

. Na	ame of the limited liability company: Assured Stor	age AB LLC	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	21 Norton Street	21 Norton Street	
	Honeoye Falls, NY 14472	Honeoye Falls, NY 14472	
	6/28/2013	L13000094134	
	Date of filing/registration in Florida	4. Document number	
. (a)			
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
	Incorporating Services, Ltd.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	1540 Glenway Drive		
	1540 Glenway Drive Tallahassee FL 32301 Enter name of NEW Registered Agent and/or NEW Registered Office address:		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	United Corporate Services, Inc.		
	NEW Registered Office Address:		
	9200 South Dadeland Blvd. Ste. 508		
	Miami FI.	33156	
ne cha gent v vas/we ne arti Sigra herei rovisi ne obl	ange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited and agreement of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provide	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registere ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. The first of Printed or typed name of signee ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been	