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(Re	questor's Name)	
		
(Ad	dress)	
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,(Cit	ty/State/Zip/Phone	
		<u> </u>
PICK-UP	WAIT	MAIL
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SECRETARY OF STAIL SECRETARY OF STAIL AHASSEE FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Lakeside Self Storage, LL0	D					
		Name of Limited Liability Company					
Dear S	Sir or Madam:						
The cr	nclosed Registered Agent/Registered O	ffice Chan	gc and	fee(s) are submitted for filing.			• ,
Picase	return all correspondence concerning	this matter	to the	following:			
Danie	el Moore						
	Name of Person						
Liber	ty Investment Properties						
****	Firm/Company		••				
834 H	lighland Ave			-			
	Address				TAS	201	
Orlan	do, FL 32803-3941				1000 1000 1000 1000 1000 1000 1000 100	ال 🖀	7
	City/State and Zip Code				KKR) ASSI	L 30	-
accol	unting@libertyprop.com				-u -ti	P	0-g-
F	-mail address: (to be used for future as	anual repor	t notifi	ication)	S F.: LORI	?	
For fu	rther information concerning this matte	er, please c	all:		אַנוּ אַנוּ	42	
Danie	el Moore	at (321	441-1106			~ .
	Name of Person	ar (Area Code & Daytime Telephone	Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Rep Dis P.C	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
	Enclosed is a check for the following	ig amount	;				
	√\$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			
INHS1	8 (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

(a)	10407 Rocket Boulevard		(b) 83	4 Highland Avenue	
·>	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany:	\°/		mited liability company:
	Orlando, FL 32824		Orl	ando, FL 32803	COT OF TICE BOX
	05/27/2014		 L140	000085142	
	Date of filing/registration in Florida	4.		Document numb	oer
(a)	Panico, James P				
(4)	Registered Agent and Registered Office shown on the r	ecords of the Flori	ida Dept.	of State:	
•	111 S Maitland Avenue, Ste. 100				
	Registered Office Address (MUST BE FLORIDA S			•	55 20
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRE		-	2018 J SECI TALL)
(b)					2010 JUL 30 SECRETAR TALLAHASS
(b)	Maitland	, _{FL} 3275	1		2018 JUL 30 F SECRETARY O TALLAHASSEE
(b)	Maitland James P. Panico, Esq.	, _{FL} 3275	1		
(b)	Maitland James P. Panico, Esq. Enter name of NEW Registered Agent and/or NEW R	, _{FL} 3275	1		<u> </u>

the articles of organization or the operating agreement of the limited liability company.

= (minited hadding company.
	John L McLane Ir
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent