

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022 : (305)666-0024 Phone

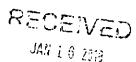
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LLC REGISTERED AGENT CHANGE MIAMI CITY SELF STORAGE 6TH AVE, LLC

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H180000150843

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.

. (a)	e of the limited liability company: MIAMI CITY		
` '		(b)	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	June 2, 2014		L14000088507
. –	Date of filing/registration in Florida	4.	Decument number
i. (a) L	United States Registered Agents, Inc.		
	egistered Agent and Registered Office shown on the records of	f the Florida De	pt. of State:
	Cognistered Office Address OMUST BE FLORIDA STREET 420 S. Dixle Highway, Suite 48	ADDRESSA	
(Coral Gables	L 33146	
(b)	nter name of NEW Registered Agent and/or NEW Registere	d Office naders	
<u> </u>	NEW Registered Office Address:		
9	9300 S. Dadeland Blvd, Suite 600		
	Miami , Fi	L 33156	D. 3 o
he chang gent wil vas/were	nited liability company is not organized under the lage or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lag authorized by an affirmative vote of the members es of organization or the operating agreement of the	iws of the Sta of the register lability comp of the limited c limited liab	ate of Florida, it is hereby confirmed that after ed office and the business office of the registere bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
	e of a member or authorized representative of a member	Kenne	eth R. Florio Printed or typod name of signee
l hereby provision he obliga o merely potified in	accept the appointment as registered agent and ages of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, in writing of this change.	gree to act, in e performenc ed for in Cha hereby confi	

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