## L14000 127356

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2018 MAY -3 AM 9: 12 SECRETARY OF STATE

## COVER LETTER ,

TO: Registration Section  * Division of Corporations	
Crews Storage Partners, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Wendy G Ashburn	
Name of Person	
Southeast Management Company, LLC	
Firm/Company	
94 N Main St	
Address	
Kilmarnock, Va. 22482	
City/State and Zip Code	
wendy@southeastmanagementcompany	r.com
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Wendy G Ashburn	804 435-1605 Ext 2
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 a	mount:
☑ \$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.

1. N	ame of the limited liability company: Crews Storage	ge Part	ners, LLC	
2. (a)	5100 W. Kennedy Blvd, Suite 270	(	<sub>b)</sub> 5100 V	V. Kennedy Blvd. Suite 270
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	.,,	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33609	<del></del>	Tampa	, FL 33609
	4/10/2018		1400012	27356
3.	Date of filing/registration in Florida	<del></del> 4.		Document number
5. (a)	John J Crotty III			
	Registered Agent and Registered Office shown on the records of 400 Ashley Drive, Suite 1015	f the Florid	la Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	- 201 FALL
	TampaF	33602	<u> </u>	AHAS
(b)		·		-3 雅 SSEE, FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office_a	ddress:	H 99 LORA
	5100 W Kennedy Blvd. , Suite 270			D. C.
	NEW Registered Office Address:			
	Tampa F	33609	] 	_
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	of the reg iability e of the lir	istered offi ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
_0	Quely of Cisabrism	We	endy G A	<u> </u>
-	attire of a member of authorized representative of a member			Printed or typed name of signee
provis the ob to mei	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It dip writing of this change.	e perforn ed for in	iance of my Chapter 60	y duties, and I am familiar with and accept 05. F.S. Or, if this document is being filed
Signati	ure of Registered Agent			