LIGOCOUSTOS

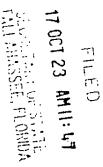
(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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S. WARREN 05T 2 5 2017

COVER LETTER

TO:	Registration Section Division of Corporations							
SURII	SUBJECT: AFFORDABLE SECURE STORAGE - LABELLE, LLC Name of Limited Liability Company							
ос во.								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	s matter to the	following:					
Debra	a Durrance							
	Name of Person		-					
Afford	dable Secure Storage - Labelle, Ll	_C						
	Firm/Company							
5775	State Road 80							
	Address		_					
Labe	lle, FL 33935							
	City/State and Zip Code		_					
opera	ations@supertowersinc.com							
E	-mail address: (to be used for future ann	ual report notif	ication)					
For fur	ther information concerning this matter,	please call:						
		978	273-7293					
	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	Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314					
Enclosed is a check for the following 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.

1.	Na	ame of the limited liability company: AFFORDAL	BLE SE	CURE STO	DRAGE - LABELLE, LLC	
2.	(a)		((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)	
		16300 Old 41 Road	_	16300 (Old 41 Road	
		Naples, FL 34110	<u> </u>	Naples,	FL 34110	
		11/28/2016		L160002	15708	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
	` ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		Annette S. Bernal				
		Registered Office Address (MUST BE FLORIDA STREE	_			
		16300 Old 41 Road			_	
		Naples	_{cr} 34110	0		
		Naples,	I. P		7 00	
	(b)				772	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		Debra Durrance			FILED 17 OCT 23 AM II: 47 ALL SHASSEE, FLORIDA	
		NEW Registered Office Address:			- 984 r .	
		5775 State Road 80				
		Labelle, I	_{FL} 3393	5	_	
the ag wa	e cha ent v is/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of s of the li	istered offic company, it i mited liabilit	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
_	L	2	_Ti	mothy G. S	Printed or typed name of signee	
	-	ture of a member or authorized representative of a member				
pro the to	ovisi e obl mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as proviely reflect a change in the registered office address, if in writing of this change.	igree to acte performeded for in I hereby	ct in this cap nance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed 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