LICOO211653

| (Requestor's Name) | | | | | |
|---|--------------------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| - | (City/State/Zip/Phone #) | | | | |
| PICK-UF | WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only

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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

| Divi | sion of Corporations | | | | | |
|---|--|---|---|--|--|--|
| SUBJECT: | AFFORDABLE SECURE STORAGE MANAGEMENT, LLC | | | | | |
| ounder. | Name of Limited Liability Company | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered Office | : Change and fe | e(s) are submitted for filing. | | | |
| Please return | all correspondence concerning this | matter to the fo | llowing: | | | |
| Debra Dur | rance | | | | | |
| | Name of Person | | - | | | |
| Affordable | Secure Storage - Labelle, LLC | ; | | | | |
| - | Firm/Company | | - | | | |
| 5775 State | e Road 80 | | | | | |
| | Address | | | | | |
| Labelle, Fl | L 33935 | | | | | |
| | City/State and Zip Code | | • | | | |
| operations | @supertowersinc.com | | | | | |
| E-mail | address: (to be used for future annua | I report notifica | ation) | | | |
| For further in | nformation concerning this matter, pl | ease call: | | | | |
| Erik Martin | <u> </u> | 978 at (| 273-7293 | | | |
| | Name of Person | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Area Code & Daytime Telephone Number | | | |
| Regi: Divis Clifte 2661 | Registration Section Reg Division of Corporations Division Building P.O. | | LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | | | |
| ☑ \$2 | 25 Filing Fee | \$ 55 | Filing Fee & Certified Copy | | | |

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. iNi | nme of the limited liability company: AFFORDA | | | | |
|--|---|---|--|--|--|
| 2. (a) | | (t | o) | | |
| | 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 | | Naples, | FL 34110 | |
| | 12/07/2016 | | L1600022 | 21653 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | | | | | |
| . , | Registered Agent and Registered Office shown on the record | s of the Florida | Dept. of State | - :: | |
| | Annette S. Bernal | | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | ET ADDRESS | <u> </u> | - | |
| | 16300 Old 41 Road | | | | |
| | Naples | FL_34110 | | : | |
| | | , [L | | • • | |
| (b) | | | | 35 35 | |
| ` , | Enter name of NEW Registered Agent and/or NEW Regist | | | • 8: 4: | |
| | Debra Durrance | | | ₩ | |
| | NEW Registered Office Address: | · · · · · · · · · · · · · · · · · · · | | - | |
| | 5775 State Road 80 | | | | |
| | Labelle | , _{FL} 33935 | | | |
| the cha agent w was/wo | imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of | s of the regis d liability co ers of the lim the limited l | stered office ompany, it is nited liability liability com | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. | |
| Signat | Signature of a member or authorized representative of a member | | | Printed or typed name of signee | |
| I herei provisi the obl to mere | by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change. | auree to act | t in this can | acity. I further carree to comply with the | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Debra Durrance

Signature of Registered Agent