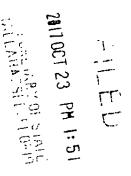
## 116000224694

		(Re	questor's Name)				
(Address)							
(City/State/Zip/Phone #)							
	P P	ICK-UP	☐ WAIT	MAIL			
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J	AM 8: 15	• 1 28/ID.	Office Use Onl	у			
1	23 A	r					
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## **COVER LETTER**

TO:

INHS18 (2/14)

	gistration Section vision of Corporations					
SUBJECT:	AFFORDABLE SECURE S	ΓORAGE -	LAKELAND, LLC			
SUBJECT.		ne of Limited	Limited Liability Company			
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.			
Please retur	n all correspondence concerning th	is matter to th	ne following:			
Debra Du	urrance					
	Name of Person		<del></del>			
Affordable	e Secure Storage - Labelle, Ll	LC				
<del></del>	Firm/Company					
5775 Sta	te Road 80					
	Address					
Labelle, F	FL 33935					
	City/State and Zip Code		<del></del>			
operation	s@supertowersinc.com					
E-mai	I address: (to be used for future ann	ual report no	tification)			
For further	information concerning this matter,	please call:				
Erik Marti	'n	978	273-7293			
	Name of Person	at (	Area Code & Daytime Telephone Number			
Reg Div Clii 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building of Executive Center Circle lahassee, Florida 32301	F F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
En	closed is a check for the following	amount:				
<b>2</b> 9	\$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. 1	Name of the limited liability company: AFFORDAB	BLE SE	CURE	STORAGE - LAKELAND, LLC	
2. (a	)	1	(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		Nap	Naples, FL 34110	
	12/12/2016		L1600	00224694	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	a)				
J. (	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. o	f State:	
	Annette S. Bernal				
	Registered Office Address (MUST BE FLORIDA STREET				
	16300 Old 41 Road				
	Naples . F	, 3411	)	ZILI DCT 23 PM	
	· · · · · · · · · · · · · · · · · · ·	L			
(b	)			T 23 P	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	A TOTAL OF THE PROPERTY OF THE	
	Debra Durrance				
	NEW Registered Office Address:		·	<u> </u>	
	5775 State Road 80	···	·- <u>·</u>	<del></del>	
	Labelle, F	L_3393	5		
the cl agent was/v the ai	e limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the member of a member or authorized representative of a member	of the reg liability of of the li e limited Ti	company mited lia liability mothy (	office and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  G. Sheehan  Printed or typed name of signee	
provi the or to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, t ed in writing of this change.	gree to a le perfori led for in I hereby	ct in this nance of Chapter confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that 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