116000225699

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

Office Use Only

2017 GET 23 AH 8: 15



000304675910

10/24/17--01008--020

**25.00

FILED N CCT 23 P 3

COVER LETTER

TO: Registration Section

| Divi | sion of Corporations | | | | | |
|--------------------------------|---|---|--------------------|--------------------------|--|--|
| SUBJECT: | AFFORDABLE SECURE STORAGE - HUDSON, LLC | | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| Dear Sir or M | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered Off | ice Change a | nd fee(s) are subm | itted for filing. | | |
| Please return | all correspondence concerning th | is matter to th | ne following: | | | |
| Debra Dur | rrance | | | | | |
| | Name of Person | | | | | |
| Affordable | Secure Storage - Labelle, L | LC | | | | |
| | Firm/Company | | | | | |
| 5775 State | e Road 80 | | | _ | | |
| | Address | | | ZALI (| | |
| Labelle, Fl | L 33935 | | | ZIII COT 23 P 3: 18 | | |
| | City/State and Zip Code | | | schill D | | |
| operations | s@supertowersinc.com | | | (a) - A | | |
| E-mail | address: (to be used for future ann | ual report no | tification) | 807 | | |
| For further is | nformation concerning this matter. | please call: | | | | |
| Erik Martin | 1 | 978 at (| 273-7293 | | | |
| | Name of Person | u. (| Area Code & | Daytime Telephone Number | | |
| Regi Divi: Clift 2661 | istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Encl | losed is a check for the following | amount: | | | | |
| 2 \$2 | 25 Filing Fee | | \$55 Filing Fee & | Certified Copy | | |
| INHS18 (2/14 |)) | | | | | |

\$TATEMENT 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 10/100 | ··· | | | 1 | | | |
|--|---|---|---|--|--|--|--|
| 1. N | ame of the limited liability company: AFFORDAB | LE SEC | CURE STORAGE - HUDSON, LLC | | | | |
| 2. (a) | | | | | | | |
| 2. (4) | 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 | ļ | | | |
| | Naples, FL 34110 | | Naples, FL 34110 | | | | |
| | 12/13/2016 | | L16000225699 | | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | <u> </u> | | | |
| 5. (a) | | | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records o | f the Florid | da Dept. of State: | | | | |
| | Annette S. Bernal | | | 1 | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | | |
| | 16300 Old 41 Road | | | ļ | | | |
| | Naples | 34110 | n | | | | |
| | | | 0 FALL/AH 1853 | ì | | | |
| (b) | | | | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registere | d Office ad | O ddress: | 1 | | | |
| | _ | | <u> </u> | 5 | | | |
| | Debra Durrance | | | † ! | | | |
| | NEW Registered Office Address: | | <u> </u> | 1 | | | |
| | 5775 State Road 80 | . <u> </u> | | | | | |
| | Labelle | 33935 | 5 | | | | |
| | | · | | | | | |
| the cha agent v was/we | imited liability company is not organized under the lainge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the reginability control of the linusted | sistered office and the business office of the company, it is hereby confirmed that the climited liability company or as otherwise probability company. | e registered lange(s) ovided in | | | |
| | | Tin | Printed or typed name of signee | | | | |
| _ | ture of a member or authorized representative of a member | | 1 | · | | | |
| provisi the obl to mere notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change. | ree to ac e perform ed for in (hereby c | ct in this capacity. I further agree to comp nance of my duties, and I am familiar with Chapter 605, F.S. Or, if this document is confirm that the limited liability company | ly with the and accept being filed has been | | | |
| | ra Durrance | | | ļ | | | |
| Signatu | re of Registered Agent | | | į | | | |

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