

L17000082789

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC
Account Number : 120150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

2018 AUG 30 AM 8:52

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**LLC REGISTERED AGENT CHANGE
STORAGE PARTNERS HOLDING LLC**

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AUG 31 2018

EXAMINER

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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. Name of the limited liability company: STORGE PARTNERS HOLDING LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

132 MINORCA AVE
CORAL GABLES, FL 33134

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

132 MINORCA AVE
CORAL GABLES, FL 33134

04/12/2017

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3. Date of filing/registration in Florida 4. Document number

5. (a) CORPORATE MAINTENANCE SERVICES, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1000 BRICKELL AVE STE 400

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33131

FL

(b) WORLDWIDE CORPORATE ADMINISTRATORS LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2330 PONCE DE LEON BLVD

NEW Registered Office Address:

CORAL GABLES, FL 33134

FL

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JOSE MARIA COROMINAS

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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