

**L18 0000 13438**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

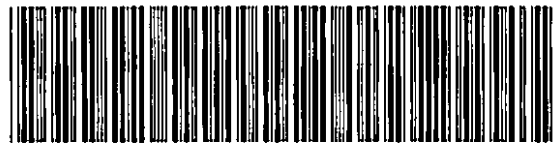
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**FILED**  
2020 JUN 25 AM 8:04  
JALAHASSEE, FL

*AM*  
*6/29/20*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2020

KATIE WALLER  
2815 REMINGTON GREEN CIR, STE 200  
TALLAHASSEE, FL 32308

SUBJECT: SOVRAN STORAGE, LLC  
Ref. Number: L18000013438

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 420A00011361

2020 JUN 14 4:00

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sovran Storage, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L18000013438

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Waller

Name of Contact Person

Sovran Storage, LLC

Firm/Company

2815 Remington Green Cir. Ste 200

Address

Tallahassee, FL 32308

City/State and Zip Code

katie@sovrans.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Waller

Name of Contact Person

at ( 850 ) 527-5582

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# 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: Sovran Storage, LLC

2. (a) 2815 Remington Green Cir, Ste 200  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Tallahassee, FL 32308

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

3. 2018 01/16/2018  
Date of filing/registration in Florida

4. L18000013438  
Document number

5. (a) Amy Beck  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2815 Remington Green Cir, Ste 200  
Tallahassee, FL 32308

(b) Laurie Alspach  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1840 Vineland Lane  
Tallahassee, FL 32317

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]  
Signature of a member or authorized representative of a member

Katie Waller  
Printed or typed name of signee

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: Laurie Alspach]  
Signature of Registered Agent

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