# 118000144134

(Req	uestor's Name)					
(Add	lress)					
(Add	lress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to F	iling Officer:					

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2018 OCT 15 PM 4: 20 SECRETARY OF STATE

2018 OCT 15 AM 9: 50

## ATKINSON | FERGUSON ILC

Natalie Reagan Email, <u>meagan å atkinsonferguson com</u> ATTORNEYS AT LAW 118 COURT STREET MONROE, GA 30655

ρ (770) 267-3000 f (770) 267-6200 atkinsonferguson.com

October 9, 2018

#### VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Request for Change of Registered Agent / Go Store It Bonita Holding, LLC

Dear Sir or Madam:

Enclosed please find a completed Statement of Change of Registered Office or Registered Agent for Florida entity Go Store It Bonita Holding, LLC. Please reach out to me at my e-mail address or phone number above with any questions about the processing of this request.

Sincerely,

ATKINSON | FERGUSON, LLC

Natalie R. Hance

Enclosures

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	GO STORE IT BONITA HO	LDING, LLC	
	Nan	ne of Limited Lia	bility Company
Dear S	ir or Madam:		
The er	iclosed Registered Agent/Registered Off	ice Change and t	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	ollowing:
Ryan	Hanks		
	Name of Person		
c/o A	tkinson Ferguson, LLC		
	Firm/Company		_
118 (	Court Street		
	Address	<del></del>	_
Monr	oe, GA 30655		
	City/State and Zip Code		
ryan(	@madisoncapgroup.com		
	E-mail address: (to be used for future and	nual report notific	ration)
For fu	rther information concerning this matter	, please call:	
Natal	ie Hance	770	267-3000
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$25 Filing Fee	□ \$5£	5 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.	Na	me of the limited liability company:	T BON	IITA HOLI	DING, LLC		- <del></del> -	
		Principal office address of limited liability company:			Mailing address of limited			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Nate: MAY BE POST			
		5605 Carnegie Blvd., Ste. 420		5605 Ca	arnegie Blvd., Ste			
		Charlotte, NC 28209		Charlott	te, NC 28209			<del></del>
		06/12/2018		L180001	44134			
3.		Date of filing/registration in Florida	4.		Document number		<del></del>	-
5.	(a)							
	()	Registered Agent and Registered Office shown on the records of John C. Connery, Jr.	the Floric	la Dept. of Sta	 te:			
	Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> 101 E. Kennedy Blvd., Ste. 3700				_	SEC.	2018	
		Tampa, FI.	33602	?	_	上   本元	2018 OCT 15	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	– — — LOffice n	ddress	_	HASSEE	P	
		C T Corporation System  NEW Registered Office Address:				STATE	կ։ 20	0
		NEW Registered Office Address:			_			
		1200 South Pine Island Road			<u> </u>			
		Plantation , FL	33324					
the age wa the	cha ent v s/wc arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the figure of the line o	e State of Fl istered offic company, it nited liabili liability co	forida, it is hereby conce and the business of is hereby confirmed to the company or as other means.	fice of the hat the commise po	ic regist hange(s rovided	ered )
		ture of a member or authorized representative of a member			Printed or typed name of			
I h pro the to i not	erei visi obl nere ifice	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in this egistered effice address, I this writing of this change.	rce to ac perform ed for in hereby c	nance of my Chapter 60 confirm that	duties, ånd I am Jam 5, F.S. Or, if this doc the limited ligbility o Naseem A. Conde	iliar witi zument is zompany	ply with h and ac s being f has bee	the cept iled n
S	Jana de la composición dela composición de la composición de la composición dela composición dela composición de la composición dela composición de la composición de la composición dela composición de la composición dela composición del	re of Registered Agent	~_(_	Spec	ial Assistant Secre	tary		