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COVER LETTER

TO: Registration Section Division of Corporations	* .
SUBJECT: SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Stephen C. L. Chong	
Name of Person	
Mateer & Harbert, P.A.	
Firm/Company	-,, -
225 E. Robinson Street, Suite 600	ŕ
Address	
Orlando, FL 32801	
City/State and Zip Code	
schong@mateerharbert.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Stephen C. L. Chong	407 425-9044
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	mount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

. Na	me of the limited liability company: Storage Units P	roperties I, LLC
	698 N MAITLAND AVENUE	(b) 698 N. Maitland Avenue
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 203	Suite 203
•	Maitland, FL 32751	Maitland, FL 32751
	10/13/2020	L20000324403
. (a)	Date of filing/registration in Florida LAURENCE J. PINO, PA	4. Document number 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
. (41)	Registered Agent and Registered Office shown on the records of 99 S NEW YORK AVENUE	4. Document number of the Florida Dept. of State: TADDRESS)
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)
	Wimer Park	32789
(b)	Scott M. Price	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:
	225 E. Robinson Street, Suite 600	
	NEW Registered Office Address:	
	Orlando	32801
hange gent v /as/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited	aws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. Scan Casterline
Agnill Agnil	ure of a member or authorized representative of a member	Printed or typed name of signee
rovisi he obl) mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provide thy reflect a change in the registered office address, I if writing of this change.	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
ignatu	re of Registered Agent	

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