-L95000000090

Dannoster's Name	·	
Angelo, Barry & Boldt, P.A. SunTrust Center 515 East Las Olas Boulevard, Suite 850 Fort Lauderdale, Florida 33301 City/State/Lip rnone #		
		Office Lice Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	6000079508267 -09/23/0201065023
(Corporation Name)	(Document #) *****25.00 *****25.00
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document#)
4.	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit	Amendment Description of P. A. OSS.
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication Other	Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
R2F031(7/07)	Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

igent, or both, in the State of Florida.		
1. The name of the limited liability company is:	VILLAGE STORAGE CENTER, LLC	
2. The mailing address of the limited liability co	ompany is: 4401 VILLAGE BOULEVARD, WEST PALM BEACH	
FLORIDA 33407		
11/27/1995	L9500000902	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regis Florida Department of State:	stered office address as shown on the records of the	
THOMAS A. GETZ	·	
	Name	
4401 VILLAGE BOULEY	VARD S	
	Address	
WEST PALM BEACH, FLORIDA 33407		
	State and Zip	
5. The name and address of the new registered as	gent and/or office:	
ANGELO, BARRY & BO	OLDT, P.A.	
Name		
515 EAST LAS OLAS BOULEVARD, SUITE 850		
Florida street address	s (P.O. Box NOT acceptable)	

FORT LAUDERDALE, FL 33301

City, State and Zip

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)

JAMES M. LABONTE, AS MANAGING MEMBER OF VILLAGE BOULVARD, LLC

(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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if his 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

FILING FEE: \$25.00

INHS18(10/99)