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City/State/Zip Phone #				
	L	Office	: Use Only	
RPORATION NAME(S) & DOCUME	NT NUMBI	ER(S), (if know	n):	

1. (Corporation Name) 2. (Corporation Name)	(Document #) 800003311548; -07/03/0001102012 (Document #) *****25.00 *****25.00
3. (Corporation Name)	(Document #)
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

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.

agon, or som, in the Blue of Prortia.
1. The name of the limited liability company is: America's Atha Self Strage, LLC
2. The mailing address of the limited liability company is: 14200 Sw 67th Ave
Mami FL 33158 _
9/29/98L980000 20423. Date of filing/registration in Florida4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- Allen : Lalego
Allen : Halego Name Lo 1 Brichell Key Dive Suite 805 Address Miami, Florida 33131 City, State and Zip
Miami Florid 33/3/
City, State and Zip
6. The name and address of the new registered agent and/or office:
Tolar Bena 500
John Berg. Name 14200 S. W. 67th Ave.
14200 S.W. 67th Ave.
Florida street address (P.O. Box NOT acceptable)
City, State and Zip
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.
1 again a Coulma
(Signature of a member or authorized sepresentative of a member) TOSEPH SCARFONE
(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 608, 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

INHS18(10/99)

FILING FEE: \$25.00