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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

acasper5@cscinfo.com

Date: February 7, 2014

Order#: 991272/005

Re: NPV SELF STORAGE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

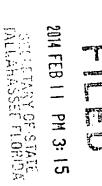
Attn:Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA





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

Pursuant to the provisions of sections 605.0114, 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: NPV SELF STORAGE, LLC					
		Principal office address of limited liability company				
		(Note: MUST BE STREET ADDRESS)	Lake Forest	IL 60045	_	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8902 N. Dale Mabry Highway Suite 200 Tampa, FL 33614			
08	127/	19 9 9	L99000005352			
3.	Dat	te of filing/registration in Florida	4. Document number			
	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	Clifford L. Walters			
	Registered Office Address:	Registered Office Address:	802 11th Street West 5.	201		
			Bradenton 3.5	L 34205	<u> </u>	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:			
		NEW Registered Agent:	Corporation Service Company		Angelogy A	
	NEW Registered Office Address:	1201 Hays Street	्र [ा] ज	.#*** 		
(MUST BE FLORIDA STREET ADDRESS)		(MUST BE FLURIDA STREET ADDRESS)	Tallahassee	,FL 32301	_	
cor and lia the the	nfiri d the bilit e me	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the regis	stered office	e of	
		tin J. Gallagher	-			
Sig	natur	e of a member or authorized representative of a member				
		J. Gallagher, Authorized Person	· -			
I i co an Ch ad B	here mply d I d japte dres y:	or typed name of signee by accept the appointment as registered agent and as y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 605, F.S. Or, if this document is being filed to mer as, thereby confirm that the limited liability company	per and complete performanc ition as registered agent as pr ely reflect a change in the reg has been notified in writing o	e of my dulie. rovided for in istered office f this change	10 s, 1	
અહ	guatu	re of Repistered Agent Corporation Service Company	Sylvia Queppet, Assistant Vic	E LICSIGEIII		

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