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ACCOUNT NO. : 0721000000032

REFERENCE : 188775 7275202

AUTHORIZATION

COST LIMIT : 25.00

ORDER DATE : June 19, 2006

ORDER TIME : 9:12 AM

ORDER NO. : 188775-080

CHANGE OF AGENT

NAME .

CUSTOMER NO: 7275202

THE STORAGE CENTER AT SPRING

HILL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick

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.

	3				
1. The name of the limite	d liability company i	s: THE STORA	GE CENTER AT SE	PRING HILL, LLC	
2. The mailing address of	f the limited liability	company is : _			·
4080 Mariner Blvd., Spring H	(ill, FL 34608				
00/10/0007			N 40400000000		
02/13/2006			M06000000805		
3. Date of filing/registrat:	ion in Florida		4. Document nui	mber	
5. The name of the register Florida Department of		gistered office	address as shown	on the records of th	е
-	<u> </u>	Matt Lundstrom		_	
		Name		7 28	
100 Rialto Place, Suite 758				PSE B	-
		Address	•	LAR JU	
Melbourne, FL 32901			## N	Property of the Parket	
City, State and Zip					TIME
6. The name and address	of the new registered	agent and/or o	ffice:	2006 JUH 21 PM 1: 05 SECRETARY OF STATE TALLAHASSEE, FLORID	Ö
	Corporat	tion Service Com	рапу	SE O	
	•	Name		Em o	
	120	01 Hays Street	<u>.</u>	,	
	Florida street addre	ess (P.O. Box l	NOT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability come confirmed that after the claud the business office of liability company, it is her of the members of the limited or the operating agreement when the company of a member or authority (Signature of a member or authority).	hange or changes are the registered agent to reby confirmed that the third liability companies of the limited liability.	made, the Flor will be identica he change(s) way or as otherwater ity company.	rida street address al. Or, in the case vas/were authorize	of the registered of of a Florida limited ed by an affirmative	i vote
0 1 11 11	D 11 //000				
Sandra Houen, Vice	<u> </u>				
I hereby accept the appoint comply with the provision and I am familiar with a Chapter 608, F.S. Or, if it address, I hereby confirm			ee to act in this ca er and complete p ion as registered i y reflect a change as been notified ii	ipacity. I further ag erformance of my d agent as provided fo in the registered of m writing of this cha	ree to uties, or in ffice nge.

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