Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email	Address	{	

LLC REGISTERED AGENT CHANGE ATEGIC STORAGE PROPERTY MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0 ·
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

DEC 2 3 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Strategic Storage Property Management Name of Li	nt, LLC mited Liability Company	-	_	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing	ž.		
	return all correspondence concerning the	_	•		
	·				
	Name of Person				
	Firm/Company		_	10	
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	Address	とか (2) (7) (7)	곳 유	2 PF	T
	City/State and Zip Code		STATE	PH 12: 21	
_	vs@usclic.us				
	nall address: (to be used for future annual report not ther information concerning this matter.	, please call:			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following	amount:			
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

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. 1. Name of the limited liability company: Strategio Storage Property Management, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 111 CORPORATE DRIVE, SUITE 120

	LADERA RANCH CA 92694		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
9/9/2008	M08000004135		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:		
Registered Agent:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301		
(b) Enter name of NEW Registered Agent and/or	mi No F		
NEW Registered Agent:	CT Corporation System		
NEW Registered Office Address; (MUST BE FLORIDA STREET ADDRESS)	1206 South Pine Island Road		
The A to A t	Plantation FL 33324		

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 thember or authorized representative of a member	
Jennifer Shangers, Manager	
Printed or typed name of signee	
A	

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.

C.T. Corporation System

Audistant Secretary

Ausistam Secretary
Rebecca Barth

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