

M10000001838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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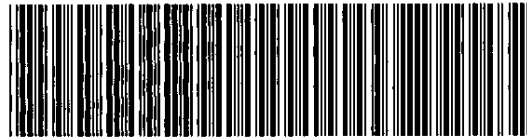
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 20 PM 12:57

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J. SAULSBERRY  
EXAMINER

JUN 22 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOMINION SELF-STORAGE I, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KELLEY SIMPSON

Name of Person

DOMINION SELF-STORAGE I, LLC

Firm/Company

500 HENLEY ST, STE 200

Address

KNOXVILLE, TN 37902

City/State and Zip Code

ksimpson@azurus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelley Simpson

Name of Person

at ( 865 )

522-7785, ext 119

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: DOMINION SELF-STORAGE I, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

500 Henley St, Suite 200  
Knoxville, TN 37902

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

500 Henley St., Suite 200  
Knoxville, TN 37902

04/21/2010

3. Date of filing/registration in Florida

M10000001838

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State:

Registered Agent:

Joe Lepree

Registered Office Address:

80939 Overseas Highway  
Islamorada, FL 33036

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Richard Whipple

**NEW** Registered Office Address:

908 Tendilla Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Coral Gables, FL 33134

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.

Cathi Wingo  
Signature of a member or authorized representative of a member

Cathi Wingo  
Printed or typed name of signer

*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]  
Signature of Registered Agent

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