| Mlooc | 0003626 |
|---|--------------------------|
| (Requestor's Name) (Address) | |
| (Address) | 700399362927 |
| (City/State/Zip/Phone #) | 01/19/2301018016 **25.00 |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
| | PH 2: 49 |
| Office Use Only | |



CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

January 18, 2023

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Change of Agent for entities named on the attached list

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the entities named on the attached list. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter per entity, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed are our checks for \$25.00 per entity to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Any

Marie Hauer Agent Services Division <u>marie.hauer@wolterskluwer.com</u>

Encl.

DELTONA I STORAWAY HOLDCO, LLC DELTONA II STORAWAY HOLDCO, LLC KRI FUND 60, LLC NASHVILLE I STORAWAY HOLDCO, LLC PALM BAY I STORAWAY HOLDCO, LLC STORAWAY SELF STORAGE OF DELTONA I, LLC STORAWAY SELF STORAGE OF DELTONA II, LLC STORAWAY SELF STORAGE OF PALM BAY I, LLC STORAWAY SELF STORAGE OF PALM BAY II, LLC

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COVER LETTER

TO: Registration Section Division of Corporations

WABASH LEASEHOLD, LLC

SUBJECT:

•

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:

Marie Hauer

Name of Person

C T Corporation System

Firm/Company

28 Liberty St.

Address

New York, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

| Name of Person | Area Code & Daytime Telephone Number |
|------------------------------|--------------------------------------|
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

| . (a) | | (b |) | | | |
|-------|---|----------------|----------------|--|----------------------|-------------------------------|
| | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | Ν | Aailing address of limited lia (<u>Note: MAY BE POST O</u> | bility com | pany: |
| | c/o Michael N. Gooch, 330 Franklin Road, Suite 135A-398 | | c/o Michae | el N. Gooch, 330 Franklin Rs | oad, Suite | 135A-39 |
| | Brentwood, TN 37027-5237 | | Brentwood | I. TN 37027-5237 | | |
| | 08/16/2010 | | M10000036 | 626 | | |
| • | Date of filing/registration in Florida | | | Document number | | |
| . (a) | CORPDIRECT AGENTS, INC | | | | | |
| | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | :: | | |
| | | | | | _ | |
| | Registered Office Address <u>(MUST BE FLORIDA STREET.</u> 1200 South Pine Island Road | <u>ADDRESS</u> | <u>}</u> | | 2023 . 1 | •••• |
| | 1200 South Pine Island Road | | | | 2023 JAH 19 | ی ۲۰۰۵ کا ۲۰۰۰ میں ۱ |
| (b) | 1200 South Pine Island Road Plantation FI C T Corporation System | 33324 | | | 2023 JAN 19 PM | r m |
| (b) | 1200 South Pine Island Road Plantation FI | 33324 | | ANSSEE, FL | 2023 JAN 19 PM 2: 49 | E D |
| (b) | 1200 South Pine Island Road Plantation C T Corporation System | 33324 | | ALL ALSSEE, FL | 2023 JAH 19 PH 2: 49 | |
| (b) | 1200 South Pine Island Road Plantation | 33324 | | ANSSEE, FL | 2023 JAN 19 PM 2: 49 | E MO |

Kathleen O'Donnell Signature of a member or authorized representative of a member

the articles of organization or the operating agreement of the limited liability company.

Kathleen O'Donnell 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in

By: CT Corporation System Signature of Registered Agent Bv:

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