

m100000004118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 24 2014

EXAMINER



**CAPITOL
SERVICES**

**Statement of Change of Registered Office
or Registered Agent or Both for Limited
Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitolservices.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 2/18/2014
STATE: FLORIDA
REP UNIT: TSRE III ASSURED SELF STORAGE,
LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #24771 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

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TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Capitol Corporate Services, Inc.
Registered Agent Services



13-32281D

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

TSRE III ASSURED SELF STORAGE, 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:

Myra Simmons

Name of Person

Capitol Corporate Services, Inc. - Registered Agent Dept.

Firm/Company

800 Brazos Ste 400

Address

Austin TX 78701

City/State and Zip Code

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

For further information concerning this matter, please call:

Myra Simmons

Name of Person

at (800) 345-4647

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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2014 FEB 21 A 11:26
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 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: TSRE III Assured Self Storage LLC

2. (a) Principal office address of limited liability company: 510 Douglas Ave #1001
Altamonte Springs, FL 32701
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 7004 Bee Cave Road 3-300
Austin, Texas 78746
(Note: MAY BE POST OFFICE BOX)

September 16, 2010

3. Date of filing/registration in Florida

M10000004118

4. Document number

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

Registered Agent:

Steve Andrews

Registered Office Address:

997 Industrial Drive

Crestview, FL 32539

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

NEW Registered Agent:

Capitol Corporate Services, Inc.

NEW Registered Office Address:

155 Office Plaza Dr

(MUST BE FLORIDA STREET ADDRESS)

Suite A

Tallahassee, FL 32301

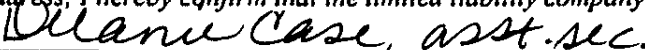
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Robert Schweizer, Vice President

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, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00