

M110000001504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

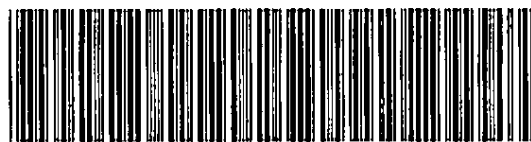
(Business Entity Name)

(Document Number)

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2020 JUL 15 AM 7:50
CLERK OF COURT

RO/chg

JUL 25 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Class 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:

Ivy V Taylor MGRM

Name of Person

1st Class Storage LLC

Firm/Company

452 Blue Jay Lane

Address

Satellite Beach, Florida 32937

City/State and Zip Code

1stclassstoragellc@gmail.com

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

For further information concerning this matter, please call:

Ivy V Taylor

321

750-7606

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2020

IVY V. TAYLOR
452 BLUE JAY LANE
SATELLITE BEACH, FL 32937

SUBJECT: 1ST CLASS STORAGE, LLC
Ref. Number: M11000001504

We have received your document for 1ST CLASS STORAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent in the space provided.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00011972

2020 JUN 15 AM 2:19

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.

1. Name of the limited liability company: 1st Class Storage LLC
2. (a) 2841 S.W. 13th St
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
#B307
Gainesville, FL 32608
- (b) 2841 S.W. 13th St
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
#B307
Gainesville, FL 32608
3. 03/23/2011
Date of filing/registration in Florida
4. M11000001504
Document number
5. (a) Bryn V Taylor
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
452 Blue Jay Lane
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Satellite Beach, FL 32937
- (b) Bryn Taylor
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
2841 S.W. 13th St
NEW Registered Office Address:
#B307
Gainesville, FL 32608

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.

Ivy V Taylor MGRM
Signature of a member or authorized representative of a member

Ivy V Taylor MGRM

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]
Signature of Registered Agent

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