M14000004465

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
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16 NOV 30 PM 3: 28
SECRETARY OF STATE
AND ANASSEE, FLORIDA

D. SCOTT

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.	Na	me of the limited liability company: STORAGE POST	SELF	STORAGE	MANAGEMENT LLC		
2. (2	ı) .	3050 Peachtree Rd NW	(b)	3050 P	eachtree Rd NW		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Suite 300	_	Suite 300)		
		Atlanta, GA 30305	-	Atlanta, C	GA 30305		
		06/24/2014	_	M140000	04465		
3.		Date of filing/registration in Florida	4.		Document number		
5. (a)	C T Corporation System					
		Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	: :		
1200 South Pine Island Road							
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		Dientation	22224		TAL SEC		
		Plantation, FL_	33324		三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三		
a	•)	Corporation Service Company			器 3 厂		
Enter name of NEW Registered Agent and/or NEW Registered Office address:					NOV 30 PA		
					E DO		
		1201 Hays Street			(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
		NEW Registered Office Address:			10A 28		
		Tallahassee FI.	32301		_		
		Talianassee , FL_	32301		•		
the cagen	ha t w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he regis bility con the limi mited li	tered office mpany, it is ted liability ability com	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in inpany.		
Signature of a member or authorized representative of a member Printed or typed name of signee							
I he prov the o to m notif	rel isi obli ere ieo	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is writing of this change.	erforma for in C creby co	nce of my chapter 605 nfirm that	acity. I further agree to comply with the		
	Division of Cornerations P.O. Roy 6327a Tallahassee, El. 32314						



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: November 28, 2016

Order#: 350638-001

Re: SELF STORAGE MANAGEMENT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

