## M17000 008 399

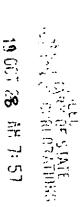
(Re	questor's Name)	<del></del>					
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
_	_	_					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							





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10/28/19--01034--034 \*\*25.00



RA Change



CSC - WILMINGTON . 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 24, 2019

Order#: 946295-035

Re: STOR MOR PORTABLE BUILDINGS , LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive 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

19 OCT 28 RH 7: 57

## 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. N	ame of the limited liability company: STOR MOR PC	RTABLE	BUILDING	S, LLC		
2 (a)	1104 PARIS ROAD, SUITE 2	(b)	PO BO	X 409		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	MAYFIELD, KY 42066	_	MAYFIEL	D, KY 42066		
	10/02/2017	_	M1700000	08399		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	C T CORPORATION SYSTEM					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State	· ::		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>			
	PLANTATION FI.	. 33324			<b>19</b> GC	
(b)	Corporation Service Company				52 52	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	•	540	
	1201 Hays Street			-	.:	1- 3-
	<u>NEW</u> Registered Office Address:				21	
	Tallahassee . FL	32301		_		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis ability co of the limi	ered office npany, it is ted liability	e and the business off s hereby confirmed the y company or as othe	fice of the re nat the chang	gistered ge(s)
	Xu & Comi	Jill C	ilmi, Autho	rized Person  Printed or typed name o	Calanas	
I here provis the ob- to mes notific	ature of a member of authorized representative of a member seby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address. I add in writing of this change.	performa d for in C hereby co	nce of my ( hapter 605 nfirm that	acity. I further agree duties, and I am fami i. F.S. Or, if this doc	e to comply v liar with and ument is bei ompany has	d accept ng filed

. . .