DOCUMENT # 1. Entity Name	M98000001136
NATIONWIDE WAREHOU	JSE & STORAGE, LLC
	•

Principal Place of Business

6420 ATLANTIC BLVD.. SUITE #130

NORCROSS GA 30071

Mailing Address

6420 ATLANTIC BLVD., SUITE #130

بليد ستنبؤ

NORCROSS GA 30071-1262



2. Principal P	ce of Business 3. Mailing Address				T ADDINGUM THE NUMBER COME BOOM BOOM SEALS SEALS COLOR HOURS HADER WHILE BOTH TO BE					
Suite, Apt.	f, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
_City & State City & State		-225	-4.5		FEI Number 58-2417336			plied For=		
Zip	Country	Zip Cour		try	5. Certifi			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			1		7. Name and Address of New Registered Agent					
o. Inditio dita Address of Surface Hagistoria Agunt				Name						
CORPORATION SERVICE COMPANY				Charle Address (DO Day Alumbar in Not Accordable)						
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
	SSEE FL 32301-2525									
TALLAHAS	DOEE FL 02001-2020							T 75 - Code		
	<u> </u>			City			FL	Zip Code	,	
8. The above	named entity submits this statement for the	e purpose of changing its	s registere	ed office or reg	istered agent, o	or both, in the State of Flor	rida.			
		, , , , , , , , , , , , , , , , , , ,	Ŭ	V	5					
SIGNATURE .										
	Signature, typed or printed name of registered agent and to	tle if applicable. (NO	TE: Registere	d Agent signature re	quired when reinstatin	9)	DATE			
		FILE N	IOMETH*I	EEE:IS.\$50	00					
		Make Check P								
•		make oncom	.,	p						
9.	MANAGING MEMBERS	/MEMBERS	10.	10.		ADDITIONS/	CHANGES			
TITLE	MGR	⊠ Defete	TITL	E				☐ Change	Addition	
NAME	NATIONWIDE STORAGE CORPORATION, INC. 6410 ATLANTIC BLVD., SUITE #180		NAM	ie		400003299164 -06/21/0001072 <u>0</u> 08				
STREET ADDRESS				ET ADDRESS		-06/2	1/UUU	11072	-∪∪8 *58.00	
CITY- ST- ZIP	NORCROSS GA 30071		CITY	- \$T- ZIP		· · · · · · · · · · · · · · · · · · ·	*50 . 00			
TITLE	PRESIDENT MGR	☐ Deleta	mu					Change	Addition	
MAME	MA CHEISTOPHER PRESCOTT	130	MAM	E Et adore##		`				
STREET ADDRESS CITY-ST-ZIP	• •			- 81- ZIP						
	Norcross 6A 30071							Change	Addition	
TITLE	Contractor MGR WILLIAM A. BALLER	Delete	TITL	ì			•			
STREET ADDRESS	6420 ARRANGE BLYD - SUITE 13	0		ET ADDRESS -		المعتار بالمادهين		·	· · · · · · ·	
CITY-81-ZIP	NORCHOS 64 30071		CITY	-\$T-ZIP			•	•		
MITE	Jane 1	Delete	TITU	Ē			!	Change	Addition	
NAME			NAM	JE						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		Delete	MTL				1	Change	Addition	
NAME			NAM		:	-				
STREET ADDRESS				EET ADDRESS - ST-ZIP						
CITY-ST-ZIP									Addition	
MILE	N. 1816	☐ Delete	TITU					Change		
NAME STREET ADDRESS	2000	-		EET ADDRESS					,	
CITY-ST-ZIP		** **		- 8T- ZIP					Ì	
44 11		dilina dana ant sunific f	or the eve	motion stated	in Section 110.0	17/9\/i\ Elorida Statutos I	further corti	fy that the ir	nformation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

LUREQUIRED

4-18-00

990-446-5473

Daytime Phone #