## P20000086788

(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
Special Instructions to Filing Officer:
Special instructions to 1 imig Officer.





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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Storage Units Capital Management Con	rnoration ~
Name of Corporation	
DOCUMENT NUMBER: P20000086788	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Scott M. Price	
Name of Contact Person	<del></del>
Mateer & Harbert, P.A.	
Firm/Company	<del></del>
225 E. Robinson Street. Suite 600	
Address	<del></del>
Orlando, FL 32801	
City/State and Zip Code	<del>=</del>
sprice@mateerharbert.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Scott M. Price	at (407 ) 425-9044  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	hange is submitted for a corpor	02, 617,0302, 607,1308, or 617,1308, Florida Statutes, this ation organized under the laws of the State of Florida ce or registered agent, or both, in the State of Florida.
<ol> <li>The name o</li> <li>The princip;</li> </ol>	of the corporation: Storage Units al office address: 698 N MAITLA	Capital Management Corporation AND AVENUE, Suite 203, Maitland, FL 32751
3. The mailing	gaddress (if different):	
4. Date of inco	orporation/qualification: 10/25/2	Document number: P20000086788
5. The name at Florida Dep	nd street address of the current : partment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)
	LAURENCE J. PINO, PA	美 美
	99 S NEW YORK AVENUE	26
	WINTER PARK, FL 32789	
6. The name a (if changed)	Ç	gistered agent (if changed) and /or registered office
	Scott M. Price	
	225 E. Robinson Street, Suite	600
	0.1.1.51.22/01	P.O. Box NOT acceptable
	Orlando, FL 32801	
The street add as changed wi	lress of its registered office and ill be identical.	d the street address of the business office of its registered agent.
		uly adopted by its board of directors or by an officer so has been notified in writing of the change.
//		Sean Casterline, President
· ·	ature of an officer or director	Printed or typed name and title
I further agree of my duties, a document is <b>b</b>	pt the appointment as registere e to comply with the provision, and I am familiar with and accepting filed merely to reflect a constitution of the	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance rept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.
<del></del>	Signature of Registered Agent	Date
If signing on 1	behalf of an entity:	
Scott M. Price		
	Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*