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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SUPER TOWERS, INC.

Name of Corporation

DOCUMENT NUMBER: P93000088490

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Durrance Name of Contact Person Affordable Secure Storage - Labelle, LLC Firm/Company 5775 State Road 80 Address Labelle, FL, 33935 City/State and Zip Code

operations@supertowersinc.com

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

For further information concerning this matter, please call:

Erik Martin at (978) 273-7293

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 P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
266! Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	· · · · · · · · · · · · · · · · · · ·
1. The name of t	he corporation: SUPER TOWERS,	INC
2. The principal	office address: 34 Main St, Wenha	m, MA 01984
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification; 12/20/1993	Document number: P9300088490
	street address of the current registered ag tment of State: (If resigned, enter resigned	
	Annette Bernal	
		117.00
		–
Naples, FL 34110 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Debra Durrance	52
	5775 State Road 80	
	P.O. Box NOT a	cceptable
	Labelle, FL 33935	
The street address changed will	ss of its registered office and the street as be identical.	ddress of the business office of its registered agent,
Such change was authorized by the	s authorized by resolution duly adopted be board, or the corporation has been noting	by its board of directors or by an officer so fied in writing of the change.
Signatur	e of an officer of director	Enk Martin Menacet
I hereby accept to a further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered agent and ocomply with the provisions of all statut my duties, and I am familiar with and access document is being filed merely to reflect the corporation has been notified in	agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as registered at a change in the registered office address, I writing of this change.
Debra Durrance October 17,2017		October 17,2017
Sign	ature of Registered Agent	Date
If signing on beh	nalf of an entity:	
Ty	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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