## 0055367

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



400247857984

05/20/13--01024--022 \*\*35.00



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: May 16, 2013

Order#: 648496/003

Re: AlA SELF STORAGE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

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

	·	7.0502, 607.1508, or 617.1508, Florida		
•		organized under the laws of the State of		*
in orde	r to change its registered office or i	registered agent, or both, in the State of	r lorida.	
1. The name of t	he corporation: A1A SELF STORA	GE, INC.		
2. The principal	office address:			
1040 A1A H	wy North, Ponte Vedra Beach, FL	32082		
3. The mailing a	ddress (if different):			
1682 E. G	ude Drive, Suite 201, Rockville, MI	20850		
4. Date of incorp	poration/qualification: 07/17/1995	Document number: P95000	055367	
5. The name and		ered agent and registered office on file w		
	David H. Peek			
	1301 Riverplace Blvd.		· -	
	Jacksonville, FL 32207		<b>2013</b> SEC	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered of	ISMAY 20	T
	Corporation Service Company			ï
	1201 Hays Street	x NOT acceptable	**************************************	
		x NOT acceptable	)2	
	Tallahassee, FL 32301			
The street addre as changed will	ss of its registered office and the s be identical.	treet address of the business office of it	ts registered ager	nt,
Such change wa authorized by th	s authorized by resolution duly ad board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.	officer so	
100		Richard P Moran, Jr., President		
Signatu	e of an officer or director	Printed or typed name and the	Je	
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and con and accept the obligation of my position o reflect a change in the registered offic fied in writing of this change.	ñ as registered ce address, I	
By: S	nature of Registered Agent	5 - 14C	2013	
Mgr	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Sylvia Queppet	, Asst. Vice President			
Tỳ	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 \* \* \*