

P960000069808

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

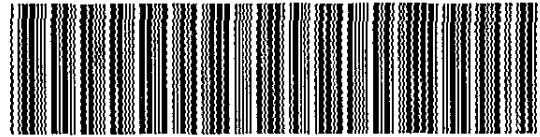
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400022348764

08/22/03--01028--013 \*\*140.00

FILED  
03 AUG 22 AM 11:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

210 Chg.  
nfm  
8/27/03

**BOYD & MARKS, L.L.C.**  
*Attorneys & Counselors at Law*

Joel E. Boyd  
Douglas D. Marks

**Suntree/Viera Office:**  
6767 N. Wickham Road, Suite 306  
Melbourne, Florida 32940  
Telephone: (321) 751-6030  
Facsimile: (321) 751-6035

**Melbourne Office:**  
709 S. Harbor City Boulevard, Suite 230  
Melbourne, Florida 32901  
Telephone: (321) 724-2230  
Facsimile: (321) 724-2114

**Please Reply To:**

**Suntree/Viera**

August 19, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Sorensen Air-Conditioned Self Storage, Inc.  
Sorensen Moving and Storage Company, Inc.  
Sorensen Moving & Storage of Orlando Company, Inc.  
Sorensen Palm Bay Self Storage, Inc.

Dear Sir/Madam:

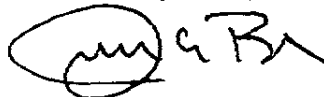
With regard to the above referenced corporations, enclosed are four (4) Statement of Change of Registered Office or Registered Agent or Both for Corporations forms, along with my firm's check number 1303 in the amount of \$140.00 to cover the \$35.00 filing fee for each corporation.

Upon the requested changes being made, please forward confirmation of same to the undersigned at the address above indicated.

If you have any questions or need further information in this regard, please do not hesitate to contact my office.

Thank you for your assistance in this matter.

Very truly yours,



JOEL E. BOYD

JEB/lc  
Enclosures

cc: Mr. & Mrs. Scott T. Sorensen (w/encl.)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sorensen Air-Conditioned Self Storage, Inc.
2. The principal office address: 950 W. Eau Gallie Boulevard, Melbourne, Florida 32935
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/19/96 Document number: P96000069808

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joel E. Boyd, Esquire

7380 Murrell Road, Suite 100

Melbourne, Florida 32940

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joel E. Boyd, Esquire

6767 N. Wickham Road, Suite 306

(P.O. Box or personal mailbox NOT acceptable)

Melbourne, Florida 32940

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

8/19/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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

FILED  
03 AUG 22 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA