

P96000069811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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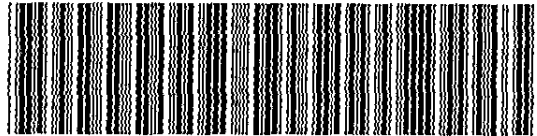
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R60 Chg.

dfm

8/27/03

**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 Palm Bay 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: P96000069811

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

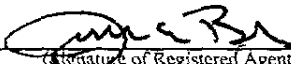
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

8/19/96  
(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

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