

FILED  
Jun 01 1998 8:00am  
Secretary of State

**DOCUMENT # P97000086663 (6)**  
1. Corporation Name  
**ODESSA STORAGE, INC.**

Principal Place of Business	Mailing Address
GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

g. Name and Address of Current Registered Agent	
<b>MASCARA, ERNEST L</b> <b>GLADES BUILDING, SUITE 303</b> <b>877 EXECUTIVE CENTER DRIVE WEST</b> <b>ST PETERSBURG FL 33702</b>	<b>81</b> Name
	<b>82</b> Street Address
	<b>83</b>
	<b>84</b> City

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature typed or printed name of registrant and filed application (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	D		<input type="checkbox"/> DELETE
NAME	<del>MASCOFF, ERNEST L</del>		
STREET ADDRESS	<del>677 EXECUTIVE CENTER DR WEST SUITE 300</del>		
CITY - ST - ZIP	<del>ST PETERSBURG FL 33702</del>		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Michael T. Novak		
1.3 STREET ADDRESS	877 Executive Center Dr. West Skz 20		
1.4 CITY - ST - ZIP	St. Petersburg, FL. 33702		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	800002544548		
6.3 STREET ADDRESS	-06/02/98--01031--045		
6.4 CITY - ST - ZIP	***5850.00		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* Date *10-13-19*