

1/21/2019

Division of Corporations

A9300001063

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000023903 3)))



H190000239033ABC.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LP/LLP AMENDMENT/RESTATEMENT/CORRECTION VILLAGES STORAGE PARTNERS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

6 PAGE FAX

T. CLINE

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EXAMINER

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Corporate Filing Menu

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1/25/2019 12:26:17 PM PAGE 1/001

Fax Server



January 25, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VILLAGES STORAGE PARTNERS, LTD.
3300 PGA BLVD., SUITE #350
PALM BEACH GARDENS, FL 33410-2811

SUBJECT: VILLAGES STORAGE PARTNERS, LTD.
REF: A93000001063

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H19000023903
Letter Number: 319A00001825

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Villages Storage Partners, Ltd.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on October 14, 1993, assigned Florida document number A93000001063, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

8400 East Prentice Avenue, 9th Floor
Greenwood Village, CO 80111

New Mailing Address:
(May be post office box)

8400 East Prentice Avenue, 9th Floor
Greenwood Village, CO 80111

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation, Florida 33324

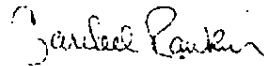
City

Zip Code

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TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent.



Cardell Rankin, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	COMAC HERITAGE, INC. 993-71188	3300 PGA BLVD., SUITE #350 PALM BEACH GARDENS, FL 33410	☐ Add ☒ Remove
GP	NSA Villages Storage GP, LLC M19-1209	8400 East Prentice Avenue 9th Floor Greenwood Village, CO 80111	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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CLERK OF DISTRICT COURT
STATE OF COLORADO

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Signature(s) of all new or dissociating general partner(s), if any:

Dissociating General Partner:

COMAC HERITAGE, INC.

By: _____

Its: _____

New General Partner:

NSA Villages Storage GP, LLC

By: DR. Fial

Its: Authorized Person

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

Dissociating General Partner:

COMAC HERITAGE, INC.

By: _____

Its: _____

[Signature]
Director and Shareholder

New General Partner:

NSA Villages Storage GP, I.L.C.

By: _____

Its: _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75