## M16000000117

(Requestor's Name)  (Address)  (Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:

Office Use Only



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company authorized to transact business in Florida. The requirements are as follows:

- > Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "L.L.C."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

> The fees are as follows:

\$25.00 Filing Fee \$30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

## **COVER LETTER**

	egistration Section Division of Corporations		
SUBJEC	SS NARCOOSSEE ROAD, LLC		
	Name of Foreig	n Limited Liability Com	pany
Dear Sir o	or Madam:		
The enclo	osed application, certificate and fee(s)	are submitted for filing.	
Please ret	turn all correspondence concerning th	s matter to the following	:
Steve Bab	inski		
-	Name of Person		
Public Sto	rage		
	Firm/Company		
701 Weste	ern Avenue		
	Address		
Glendale,	CA 91201		
	City/State and Zip Code	:	
sbabinski@	@publicstorage.com		
E-mail	address: (to be used for future annual	report notification)	
For furthe	er information concerning this matter,	please call:	
Steve Babi	inski	at (818 ) 649 - 335	58
	Name of Person	Area Code & Daytin	ne Telephone Number
	lailing Address: egistration Section	Street Add Registrat	ress: ion Section
	ivision of Corporations		of Corporations
	O. Box 6327		re of Tallahassee
1;	allahassee, FL 32314		Monroe Street, Suite 810 ee, FL 32303
E	nclosed is a check for the following	amount:	
<b>■\$</b> 25 Fil	ing Fee	☐ \$55 Filing Fee &	S60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
CR2E055 (9	V(15)		Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida	Department of	
State: SS NARCOOSSEE ROAD, LLC	701 W		
Enter new principal office address, if applicable:	701 Western Avenue		<del></del>
( <u>Principal office address</u> MUST BE <u>A STREET ADDRESS</u> )	Glendale, CA 91201		
Enter new mailing address, if applicable: (Mailing address	701 Western Avenue	TALLAHASS	<del></del>
MAY BE A POST OFFICE BOX)	Glendale, CA 91201		. 1
2. The Florida document number of this limited lia	ibility company is: M1600000	00117	25
Jurisdiction of its organization: Delaware	_		
4. Date authorized to do business in Florida:	06/2016 		
SECTION II (5-9 complete only the applicable			
<ol> <li>New name of the limited liability company: (mus</li> </ol>	t contain "Limited Liability Co	mpany, ""L.L.C.," o	r "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.G.	naging members adopting the a		
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent agen	ed officer address on our record ddress here:	is, enter the name of t	he new
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florid	da Street Address	<del></del>
		, Florida	
	City	Zip (	Code
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capa and complete performance of t ered agent as provided for in C in the registered office address	my duties, and I am fa Chapter 605, F.S. Or,	imiliar with if this

Fitle/ Capacity	<u>Name</u>		Address	<u>Ty</u>	pe of Action
		<del></del>			_ □Add
					_ □Remov
					_ □Add
					_ □Remov
			-		_ □Add
					_ □Remov
					_ □Add
					_ □Remov
					_ □∧dd
aforementioned a	ificate, if required: no mendment(s), duly au the law of which this	thenticated by the	official having custody of record	TATH AHA	□ Remov
	Steve Babinski	Signature of the	authorized representative	SSEE.	17 PM 4: 25

### 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
Manager	BSREP II Simply Storage JV LLC	4901 Vineland Road,	Remove
		Suite 350	
		Orlando, FL 32811	<u> </u>
Authorized Signatory	Kyle Schmutzler	4901 Vineland Road,	Remove
		Suite 350	
		Orlando, FL 32811	

Title/Capacity	Name	Address	Type of Action
Manager	SS Mezzanine, LLC	701 Western Avenue,	Add
		Glendale, CA 91201	
President	Nicholas Kangas	701 Western Avenue.	Add
		Glendale, CA 91201	
Vice President and	Terrance Spidell	701 Western Avenue,	Add
Treasurer		Glendale, CA 91201	
Vice President and	Nathaniel A. Vitan	701 Western Avenue,	Add
Secretary		Glendale, CA 91201	
Vice President and	Drew Adams	701 Western Avenue,	Add
Assistant Treasurer		Glendale, CA 91201	
Vice President and	Steven C. Babinski	701 Western Avenue,	Add
Assistant Secretary		Glendale, CA 91201	
Vice President	Sharon Linder	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Dan Fabricant	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Andres Friedman	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Michael McGowan	701 Western Avenue,	Add
	Į	Glendale, CA 91201	
Vice President	Robbie Williams	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Albert Shaw	701 Western Avenue,	Add
		Glendale, CA 91201	

TALL ANASSEE FLORIDA

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