M16000001326

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City) State 2 pri Hone ir)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



900417507549

10/17/23--01016--001 **620.00



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.

CR2E055 (9/15)

COVER LETTER

Divis	sion of Corporations			
SUBJECT:	SS COCOA, LLC			
30Bine 1.	Name of F	oreign Limited Lia	ability Co	mpany
Dear Sir or M	Madam:			
The enclosed	d application, certificate and for	ee(s) are submitted	d for filing	g.
Please return	all correspondence concernit	ng this matter to th	ne followi	ng:
Steve Babinsk	ii			
	Name of Person			
Public Storage	2			
	Firm/Company		_	
701 Western z	Avenue			
	Address			
Glendale, CA	91201			
-	City/State and Zip	Code	_	
sbabinski@pu	blicstorage.com			
E-mail ad	dress: (to be used for future ar	nual report notific	cation)	
For further in	nformation concerning this ma	atter, please call:		
Steve Babinsk	i	at (649 -)	
	Name of Person	Area Co	de & Day	time Telephone Number
	ng Address:			Address:
	stration Section			ration Section
	sion of Corporations			on of Corporations
P.O. Box 6327			The Centre of Tallahassee	
Talla	ahassee, FL 32314			N. Monroe Street, Suite 810 assee, FL 32303
	osed is a check for the follow			
■\$25 Filing	Fee S30 Filing Fee & Certificate of Sta	□ \$55 Filin tus Certified	_	☐ \$60 Filing Fee, Certificate of Status &
CR2F055 (9/15	1			Certified Copy

TO: Registration Section

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

SECTION I (1-4 must be completed)

State: SS COCOA, LLC					
Enter new principal office address, if applicable:	701 Western Avenue				
(Principal office address	Glendale, CA 91201	2(23 OCT 17			
MUST BE A STREET ADDRESS)		ASSET 1			
Enter new mailing address, if applicable:	701 Western Avenue				
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Glendale, CA 91201				
2. The Florida document number of this limited lia		0001326			
3. Jurisdiction of its organization: Delaware					
4. Date authorized to do business in Florida: 02/	10/2010				
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company: (mus	st contain "Limited Liability	Company, ""L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting th				
6. If amending the registered agent and/or register registered agent and/or the new registered office a		ords, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Flo	orida Street Address			
	, Florida				
_	City	Zip Code			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper	ent and agree to act in this ca	of my duties, and I am familiar with			

Title/Conneity	Nama	Addrage	Typa	of Ac
Title/ Capacity	<u>Name</u>	Address	<u>Type</u>	<u>oi Ac</u>
				□A
				□Re
				□A
				□Re
	· · -			□A
				□Re
				□A
		<u></u>		□Re
				□∧
				□Re
9. Attached is a cert aforementioned a jurisdiction under	tificate, if required: no more than 90 comendment(s), duly authenticated by a the law of which this entity is organ Signature of the	lays old, evidencing the the conficial having custody of reconsized. The authorized representative	ds in the	2023 OCT
aforementioned a jurisdiction under	Ghhti	•	ds in the CLUILL WILL HASSE	
	Steve Babinski Typed or print	ed name of signee	SS	T 17 PM 4:37

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

Title/Capacity	Name	Address	Type of Action
Manager	BSREP II Simply Storage JV LLC	4901 Vincland Road,	Remove
-		Suite 350	
		Orlando, FL 32811	
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	1
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	ļ	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
		Glendale, CA 91201	<u></u>
Vice President	Robbie Williams	701 Western Avenue,	Add
		Glendale, CA 91201	1
Vice President	Albert Shaw	701 Western Avenue,	Add
		Glendale, CA 91201	

2023 OCT 17 PH 4: 37