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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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.

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A. LUNT

Electronic Filing Menu

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Help

From: Lexus Wingo

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)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: PSI ATLANTIC NAPLES FL, LLC	
Enter new principal office address, if applicable:	6467 Main Street
(Principal office address	Buffalo, New York 14221
MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	6467 Main Street
(Matthew address	
	Buffalo, New York 14221 Solution of the state of the sta
2. The Florida document number of this limited lia	bility company is: M16000001422
	נ
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: Febr	uary 19, 2016
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company:	H 7304 LLC
(mus	I 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 mamust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office as	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	, Florida
	·
the provisions of all statutes relative to the proper	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with bered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
——If C	hanging Registered Agent, Signature of New Registered Agent

	wholly-owned by GII Life Storage Intermed		Time of Antique
Title/ Capacity Member	Name GII Life Storage Intermediate Holdings LLC	Address 6467 Main Street, Buffalo, NY 14221	Type of Action
			□Remo
Member PSI Atlantic Holdings III, LLC	530 Oak Court Dr., Memphis, TN 38117		
		Remo	
President James G. Williams	530 Oak Court Dr., Memphis, TN 38117	□Add	
		Remo	
VP/Secty. Douglas McArron	530 Oak Court Dr., Memphis, TN 38117	□Add	
		—— ≷iRumo	
		□Add	
aforemention	a certificate, if required: no more than 90 oned amendment(s), duly authenticated by	the official having custody of records in the	□Remo
jurisdiction	under the law of which this entity is organ	ized. ATTACHED HERETO AND MADE A P	
		he authorized representative	

Filing Fee: \$25.00

SIGNATURE PAGE TO FOREIGN LLC AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

OF

PSI ATLANTIC NAPLES FL, LLC

Date: December 9, 2021

SH 7304 LLC

By: GII Life Storage Intermediate Holdings LLC, a Delaware limited liability company, its sole memher

By: GII Life Storage Holdings LLC, a Delaware limited liability company, its sole member

By: Life Storage LP, a Delaware limited partnership, its manager

By: Life Storage Holdings, Inc., a Delaware corporation, its general partner

By:

Name: Title:

ANDREW J. GREGOIRE CHIEF FINANCIAL OFFICER

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'PSI ATLANTIC NAPLES

FL, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

'SH 7304 LLC' ON THE NINTH DAY OF DECEMBER, A.D. 2021, AT 3:39

O'CLOCK P.M.



Authentication: 204937395

Date: 12-10-21