

**A26523**

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.

(((H14000203800 3)))



H140002038003ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

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

Email Address: \_\_\_\_\_

RECEIVED

14 SEP -5 PM 1:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
SUNSET MINI-STORAGE PARTNERS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

Please file 2nd  
LP Reinstatement  
H14000203799

Please give  
to:  
Karen Saly

\*BE SUBMIT\*

Electronic Filing Menu Corporate Filing Menu

Help

SEP 8 2014 8/29

B. BOSTICK

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunset Mini-Storage Partners LTD  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Suzie Lindsey  
Contact Person  
Extra Space Storage  
Firm/Company  
2795 E. Cottonwood Pkwy, Suite 400  
Address  
Salt Lake City, UT 84121  
City, State and Zip Code  
slindsey@extraspaces.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Rasmussen at ( 801 ) 562-5556  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

2014 AUG 29 A 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

SUNSET MINI-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 June 7, 1988, assigned Florida document number A26523, 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 LLLP.

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)

2795 E. COTTONWOOD PKWY, SUITE 400  
SALT LAKE CITY, UTAH 874121

New Mailing Address:  
(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

Zip Code

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 29 A 11:00

FILED

**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.*

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>
<u>GP</u>	<u>SUSA PARTNERSHIP, L.P.</u>	<u>2795 E. COTTONWOOD PKWY</u> <u>SUITE 400</u> <u>SALT LAKE CITY, UT 84121</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>ESS PRISA LLC</u>	<u>2795 E. COTTONWOOD PKWY</u> <u>SUITE 400</u> <u>SALT LAKE CITY, UT 84121</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

2014 AUG 29 11:00

FILED

**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.)*

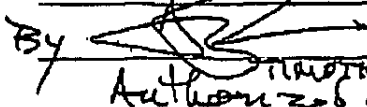
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

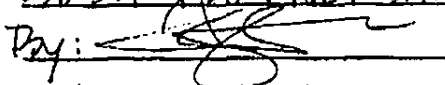
Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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, P.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

ESS TRISA LLC  
By   
TIMOTHY C. ARTHUR  
Authorized Agent

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

GUSA PARTNERSHIP, L.P  
By:   
TIMOTHY C. ARTHUR  
Authorized Agent

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

2014 JUN 29 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

850-617-6381

9/3/2014 2:26:37 PM PAGE 1/001 Fax Server



September 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUNSET MINI-STORAGE PARTNERS, LTD.  
2795 E COTTONWOOD PKWY  
SUITE 400  
SALT LAKE CITY, UT 84121

SUBJECT: SUNSET MINI-STORAGE PARTNERS, LTD.  
REF: A26523

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

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H14000203800  
Letter Number: 214A00018786

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AUG 29 11:01

FILED

RECEIVED  
14 SEP -5 PM 1:50  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

\*RE-SUBMIT\*  
Date of original filing  
Date of submission 8/29