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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.

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To:

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

From:



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

Email Address:__

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION STORAGE PARTNERS OF WINTER PARK, LTD.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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3/26/2014

COVER LETTER

TO: Registration Section Division of Corporations

3/26/2014 10:24:10 From To:

SUBJECT: Storage Partners of Winter Park, 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:

8506176383

| Deni | lse M | . Stu | bel |
|------|-------|-------|-----|
| | | | |

Contact Person

Salvo Rogers & Elinski

Firm/Company

510 Township Line Road, Suite 150

Address

Blue Bell, PA 19422 City, State and Zip Code

barry@unitedstor-ali.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Barry Bender | at (<u>303</u>) <u>290-9100</u> |
|------------------------|--|
| Name of Contact Person | Area Code and Daytime Telephone Number |

Enclosed is a check for the following amount:

\$52.50 Filing Fee

361.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy S113.75 Filing Fee, Certified Copy, and Certificate of Status (2/5)

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 3/26/2014 10:24:10 From: To: 8506176383

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| CERTI | FICAT | E OF AMENDMENT | AS AS |) ****CHERT |
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| CERTIFICAT | re of : | LIMITED PARTNERSHIP OF | | |
| | | | | Geometric C |
| | | 'S of Winter Park, Ltd. ile with Florida Department of State | 3:50 STATE LORID | Same P |
| | anda ott m | ne will Florida Department of Sime | A | |
| Pursuant to the provisions of section 620. limited liability limited partnership, whos February 27, 1997, assig adopts the following certificate of amend | se certifi gned Flo | icate was filed with the Florida D orida document numberA | epartment of State on 97000000501, | |
| This amendment is submitted to amend the fol | llowing: | | | |
| A. If amending name, <u>enter the new name</u> <u>here</u> : | e of the l | limited partnership or limited liab | lity limited partnership | 1 |
| Not applicable | | | | |
| New name must be d | listinguia | hable and contain an acceptable suffix. | | |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership | Partners suffixes: | hip, Limited, L.P., LP, or Lid. Limited Liability Limited Partnership, 1 | LLP. or LLLP. | |
| B. If amending mailing address and/or principal office address here: | r princi | pal office address, <u>enter new m</u> | alling address and/or | |
| New Principal Office Addr (Must be STREET address) | <u>ess:</u> | not applicable | | |
| New Mailing Address: (May be past office bax) | | not applicable | | |
| C. If amouding the registered agent and/o new registered agent and/or the new register | | | s, enter the name of the | 2 |
| Name of New Registered Agent: | not a | pplicable | | |
| New Registered Office Address: | not a | pplicable Enter Florida street addre. | | |
| | | | | |
| | · | , Florida, | Zip Code | |
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| | Pa | age 1 of 3 | | |

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.

| | | | | et . | |
|------|------------------------|---------------------------------------|--|------------------------|--------------|
| | | | If Changing Registered Agent, Signature | of New Registered Agen | ш <u></u> |
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| D. H | f amending the | general partner(s), enter the | name and business address of each | | |
| Adde | <u>d or removed fr</u> | om our records: | | AS | N PRIMA |
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| | Title | Name | Address Ty | rpe of Action | |
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| | ab | | | ····· / ·· | - |
| | <u>GP</u> | Storage Developers, L. | P. 5650 Greenwood Plaza Suite 143 Blvd. | | 9 9 9 |
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| | | | Greenwood Village, CO | Þ. | · |
| | | | 80111 | [7] | |
| | <u>GP</u> | VM Storage, Inc. | 5650 Greenwood Plaza Blvd | | |
| | | | Suite 143 | Remove | |
| | · | | Graanwood Village, CO | | |
| | | | 80111 | — | |
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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.)

Page 2 of 3

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

not applicable

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, F.S., requires all general partnership is adding or removing a "limited liability limited partnership" election statement.

Storage Developers, L.P. By: VM Storage, Inc. Sole General Partner

By: Barry Bender Barry Bender Vice President

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

| VM St | orage, Inc. | |
|-------|----------------|--|
| Bv: | Barry Benler | |
| | Barry Bender | |
| | Vice President | |

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

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