

D21000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

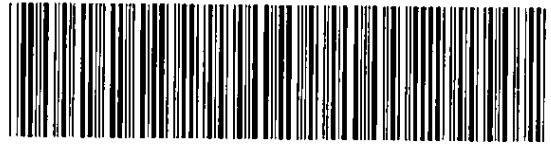
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200418863162

Amend to  
declaration of  
Trust

RECEIVED

FILED

2023 NOV 29 AM 10:58

2023 NOV 29 PM 12:28

A. RAMSEY  
NOV 20 2023

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/29/2023

Acc#I20160000072

*en: c DW*

Name:	National Storage Affiliates Trust
Document #:	
Order #:	15238770

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

Thank you!

Trust  
~~Trust~~ ~~PROFIT CORPORATION~~  
APPLICATION BY FOREIGN ~~PROFIT CORPORATION~~ TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA **FILED**  
(Pursuant to s. 607.1504, F.S.)

SECTION I  
(1-3 MUST BE COMPLETED)

2023 NOV 29 PM 12 23

D21000000006

(Document number of ~~corporation~~ (if known)  
Trust

National Storage Affiliates Trust

1. \_\_\_\_\_  
(Name of ~~corporation~~ as it appears on the records of the Department of State)  
Trust
2. Maryland 3. 1/25/2021  
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the ~~corporation~~, when was the change effected under the laws of its jurisdiction of  
incorporation? Trust
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if  
not contained in new name of the ~~corporation~~)  
Trust
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	SEE ATTACHED		Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Tiffany Kenyon*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Tiffany Kenyon

(Typed or printed name of person signing)

Authorized Person

(Title of person signing)

FILING FEE \$35.00

## **Officers and Directors Details**

Address for all: 8400 East Prentice Avenue, 9th Floor, Greenwood Village, CO 80111

<b>Name</b>	<b>Title</b>
Arlen D. Nordhagen	– Authorized Person
Tamara D. Fischer	– Authorized Person
Brandon S. Togashi	– Authorized Person
David G. Cramer	– Authorized Person
William S. Cowen	– Authorized Person
Tiffany Kenyon	– Authorized Person
Derek Bergeon	– Authorized Person