

MO2000000873  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNCLE BOB'S MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

\*\*\*Attn: Stacey Warren\*\*\*

2016 SEP 29 PM 12:24  
FALLAHASSEE, FLORIDA

SEP 30 2016  
J. HARRIS  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Uncle Bob's Management, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Taberski

Name of Person

Phillips Lytle LLP

Firm/Company

One Canalside, 125 Main Street

Address

Buffalo, New York 14203

City/State and Zip Code

tgardner@sovranss.com

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

For further information concerning this matter, please call:

Deborah Taberski

at ( 716 )

504-5737

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2B055 (9/15)



September 8, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

UNCLE BOB'S MANAGEMENT, LLC  
5225 SHERIDAN DR  
C/O THE KANE FIRM CPA PC  
WILLIAMSVILLE, NY 14221

SUBJECT: UNCLE BOB'S MANAGEMENT, LLC  
REF: M02000000873

**\*RE-SUBMIT\***  
Please retain original filing  
date of submission 9/7

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

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Document is sideways and very small, please resend correctly

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.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H16000222117  
Letter Number: 616A00018975

RECEIVED  
2016 SEP 29 PM 12:24  
TALLAHASSEE, FLORIDA

FILED  
2016 SEP 29 AM 9:59  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 on the records of the Florida Department of

State: Uncle Bob's Management, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M02000000873

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: April 4, 2002

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Life Storage Solutions, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

X Andrew J. Gregoire  
Signature of the authorized representative

Andrew J. Gregoire

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

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DIVISION OF REGISTRATION

**State of New York**  
**Department of State** } ss:

I hereby certify, that LOCKE LEASING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/06/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment LOCKE LEASING, LLC, changing its name to UNCLE BOB'S MANAGEMENT, LLC, was filed 12/31/2010.

A Certificate of Amendment UNCLE BOB'S MANAGEMENT, LLC, changing its name to LIFE STORAGE SOLUTIONS, LLC, was filed 08/05/2016.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 01st day of September  
two thousand and sixteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State