

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.

(((H16000046580 3)))



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 : FCA00000023 : (850)205-8842 Phone 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:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FIVE SAC RW MS, LLC

0
0
05
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 24 2016

2/23/2016

2/23/2016 1:17:15 PM From: To: 8506176383(2/5)

COVER LETTER

***	stration sion of (Section Corporations			
SUBJECT:	Five Sa	c RW MS, LLC			
		Name of Foreig	n Limited Liab	ility Com	pany
Dear Sir or N	viadam:				
The enclosed	applica	tion, certificate and fee(s)	are submitted f	or filing.	
Please return	all corr	espondence concerning thi	s matter to the	following	;
Kimberly A. V	Volf				
	**************************************	Name of Person		-	
U-Haul Interne	ational, Is	nc.			
		Firm/Company	***************************************	-	
2721 N. Centra	al Avenue	e, 5-S			•
		Address		-	·
Phoenix, AZ 8	5004				
		City/State and Zip Code		-	
legalnotices@u					
E-mail add	ress: (to	be used for future annual	report notificat	ion)	
or further in	formatic	on concerning this matter,	olease call:		•
Kimberly A. W	olf'		at (760-4972	2
	Name	of Person	Area Code	& Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314	
Enclosed is a \$25 Filing R2E035 (9/(5)		or the following amount: \$30 Filing Fee & Certificate of Status	S55 Filin Certified		S60 Filing Fee, Certificate of Status & Certified Copy

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	ent of		
State: Five Sac RW MS, LLC			
Enter new principal office address, if applicable:	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2016	
(Principal office address MUST BE A STREET ADDRESS)	25 (5) (3) (4) (5) (7)	8	72.
MOST DE A STREET ADDRESS)	(3.20 (3.20 (3.20	23	7
Enter new mailing address, if applicable: (Mailing address	OF STAN	> c	***
MAY BE A POST OFFICE BOX	로	55	
2. The Florida document number of this limited liability company is: M06000003624	an produce a second days at the special second		
3. Jurisdiction of its organization: DE	a and the state of	der tilstation og kalvyngin	
4. Date authorized to do business in Florida: 06/28/2006			
SECTION II (5-9 complete only the applicable changes)			
5. New name of the limited liability company: Five Sac RW, LLC			
(must contain "Limited Liability Company, "	"L.L.C.," or	"LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business copy of the written consent of the managers or managing members adopting the alternate namest contain "Limited Liability Company," "L.L.C." or "LLC.")	in Florida an ame. The alt	d attach a ernate name	
6. If amending the registered agent and/or registered officer address on our records, enter the registered agent and/or the new registered office address here:	ie name of th	e new	
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida Street A			
City, Ftol	rida <u>Zip C</u>	ode	
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 provisions of all statutes relative to the proper and complete performance of my duties, and accept the ahligations of my position as registered agent as provided for in Chapter 60 document is being filed to merely reflect a change in the registered office address. I hereby	her agree to and I am far	comply with niliar with	•

2/23/2016 1:17:15 PM From: To: 8506176383(4/5)

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:								
Title/ Capacity	Name	∆ddress	Type of Action					
			Add					
			Remov					
			Add					
			Remove					
n white and property and a second								
			Remove					
	ر ما در در استان ا		Add					
		tualification per acquerers was not to first up oppositionalistical distilluing appropriate	Remove					
197 ₇ garage	generale Pithologica (1980) generale (MP II o Propagation (1980) e André (1980).	The state of the s	Add					
aforementioned amo	cate, if required: no more than 90 da endment(s), duly authenticated by the ne law of which this entity is organize	c official having custody of recor	Remove					
	Y	authorized representative						
	Bruce G. Brockhagen, Secretary	I name of signee	15 N					

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FIVE SAC RW MS, LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FIVE SAC

RW, LLC" ON THE SECOND DAY OF FEBRUARY, A.D. 2016, AT 11:15

O'CLOCK A.M.

4008114 8320 SR# 20161048639 Authentication: 201872808 Date: 02-23-16

You may verify this certificate online at corp.delaware.gov/authver.shtml