

M14000008051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 18 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stor-All 36th Street 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:

Dawn Oschmann

Name of Person

Pubic Storage

Firm/Company

701 Western Ave.

Address

Glendale, CA 91201

City/State and Zip Code

jbattle@publicstorage.com

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

For further information concerning this matter, please call:

Dawn Oschmann

Name of Person

at (818) 244-8080

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



701 Western Ave., Glendale, CA 91201
818.244.8080 ■ www.publicstorage.com

February 16, 2016

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

Re: Stor-All 36th Street LLC
Document # M1400008051

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority for the above-referenced limited liability company, a Delaware good standing and a check in the amount of \$25.00 for filing fees. Please return the letter of acknowledgement to the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Dawn M. Oschmann', with a long horizontal line extending to the right.

Dawn M. Oschmann
Corporate and Securities Paralegal
Public Storage

Enclosures

**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: Stor-All 36th Street 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)**

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2. The Florida document number of this limited liability company is: M14000008051

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 20, 2014

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

5. New name of the limited liability company: _____
(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

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)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|---------------------------------|----------------------------------|--|
| <u>VP</u> | <u>David F. Doll</u> | <u>701 Western Ave</u> | <input type="checkbox"/> Add |
| | | <u>Glendale, CA 91201</u> | <input checked="" type="checkbox"/> Remove |
| <u>Manager</u> | <u>Stor-All Renaissance LLC</u> | <u>1375 West Hillsboro Blvd.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Deerfield Beach, FL 33442</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Add |
| | | _____ | <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.

Signature of the authorized representative

PS Florida One, Inc., a Delaware corporation, Managing Member

By: Lily Y. Hughes, Secretary

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Filing Fee: \$25.00