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(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "L.L.C."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees are as follows:

\$25.00 Filing Fee \$30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

CR2E055 (9/15)

COVER LETTER

TO: Registration Section

CR2E055 (9/15)

Division of Corporations			
SUBJECT: SS OLIVE ROAD, LLC			
	gn Limited Liabi	lity Com	npany
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted fo	or filing.	
Please return all correspondence concerning th	is matter to the f	ollowing	g:
Steve Babinski			
Name of Person			
Public Storage			
Firm/Company			
701 Western Avenue			
Address			
Glendale, CA 91201			
City/State and Zip Coc	le	•	
sbabinski@publicstorage.com		_	
E-mail address: (to be used for future annua	al report notificat	ion)	
For further information concerning this matter	r, please call:		
Steve Babinski	at ()	358
Name of Person	Area Code	& Dayti	ime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Divisio The Ce 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 assee, FL 32303
Enclosed is a check for the following \$\mathbb{B}\$\$ \$25 \text{ Filing Fee}	g amount:		☐ \$60 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)

Name of limited liability Company as it appear State: SS OLIVE ROAD, LLC	s of the records of the Florida		
Enter new principal office address, if applicable:	701 Western Avenue	23 OC	<u> </u>
(Principal office address	Glendale, CA 91201	ASS.	
MUST BE A STREET ADDRESS)		E.S. P	
Enter new mailing address, if applicable:	701 Western Avenue	LORIDA	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Glendale, CA 91201		
The Florida document number of this limited lia Jurisdiction of its organization:			
Jurisdiction of its organization: Date authorized to do business in Florida:			
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company: (must	•	Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the	g business in Florida and attach a alternate name. The alternate na	ime
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our recoudress here:	rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida Street Address	
		, Florida	
_	City	, Florida Zip Code	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the state of	ent and agree to act in this cap r and complete performance o tered agent as provided for in e in the registered office addre	f my duties, and I am familiar wi Chapter 605, F.S. Or, if this	ith

See attached.	hanges person, title or capacity in ac		
tle/ Capacity	<u>Name</u>	Address	Type of Acti
			□Ren
			□Ad
			□Rer
			□Ad
aforementioned an	ficate, if required: no more than 90 nendment(s), duly authenticated by the law of which this entity is organ	the official having custody of reco	□ 2029 OCT 17
	Signature of Steve Babinski	the authorized representative	17 PM 4: 14 WAY OF STATE SSEE, FLORID/

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

Title/Capacity	Name	Address	Type of Action
Manager	Kurt E. O'Brien	4901 Vineland Road,	Remove
_		Suite 350	
		Orlando, FL 32811	
Authorized Signatory	Kyle Schmutzler	4901 Vineland Road.	Remove
		Suite 350	
		Orlando, FL 32811	

Title/Capacity	Name	Address	Type of Action
Manager	Simply Storage REIT 4 LLC	701 Western Avenue,	Add
	-	Glendale, CA 91201	
President	Nicholas Kangas	701 Western Avenue.	Add
		Glendale, CA 91201	
Vice President and	Terrance Spidell	701 Western Avenue,	Add
Treasurer		Glendale, CA 91201	
Vice President and	Nathaniel A. Vitan	701 Western Avenue.	Add
Secretary		Glendale, CA 91201	
Vice President and	Drew Adams	701 Western Avenue,	Add
Assistant Treasurer		Glendale, CA 91201	
Vice President and	Steven C. Babinski	701 Western Avenue,	Add
Assistant Secretary		Glendale, CA 91201	
Vice President	Sharon Linder	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Dan Fabricant	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Andres Friedman	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Michael McGowan	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Robbie Williams	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Albert Shaw	701 Western Avenue,	Add
		Glendale, CA 91201	

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