## M150000000080

(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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## 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 "LLC."
- 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:

S25.00 Filing Fee S30.00 Certified Copy (optional) S 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.

### **COVER LETTER**

TO:

Registration Section

Division of Corporations		
SUBJECT: SS PALMETTO, LLC		
Name	e of Foreign Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed application, certificate	and fee(s) are submitted	d for filing.
Please return all correspondence con	cerning this matter to th	ne following:
Steve Babinski		
Name of Pers	боп	
Public Storage		
Firm/Compa	ny	
701 Western Avenue		
Address		_
Glendale, CA 91201		
City/State an	d Zip Code	_
sbabinski@publicstorage.com		
E-mail address: (to be used for fut	ure annual report notific	cation)
Park Cardian in Comments and a comment of the	leta	
For further information concerning to Steve Babinski	• •	440 2250
	at ( **********************************	de & Daytime Telephone Number
Name of Person	Area Coo	de & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the	following amount:	
■\$25 Filing Fee □ \$30 Filing F		g Fee &   \$60 Filing Fee,
Certificate of		~ · · · · · · · · · · · · · · · · · · ·
CR2E055 (9/15)		

## 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 appear	rs on the records of the Florida I	Department of
State: SS PALMETTO, LLC	701 Western Avenue	
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Glendale, CA 91201	AND OCT 17
Enter new mailing address, if applicable:	701 Western Avenue	SSEE.
( <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:		
Date authorized to do business in Florida:		
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: (must	st contain "Limited Liability Co	mpany, " "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.	inaging members adopting the a	
6. If amending the registered agent and/or register registered agent and/or the new registered office a		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la Street Address
<del>-</del>	City	Florida Zip Code
New Registered Agent's Signature, if changing Rel hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capac and complete performance of n tered agent as provided for in C in the registered office address	ny duties, and I am familiar with Chapter 605, F.S. Or, if this

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio
			□Add
			CRemo
			□Add
			□Remo
			□Remo
<del></del>			□Add
			Remo
	_		□Add
aforementioned am	he law of which this entity is org	by the official having custody of record	TAGELAHASSEE. F

Filing Fee: \$25.00

### 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 Vincland Road,	Remove
· ·		Suite 350	
		Orlando, FL 32811	
Authorized Signatory	Kyle Schmutzler	4901 Vineland Road,	Remove
ь,	'	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	<u> </u>
Vice President	Dan Fabricant	701 Western Avenue,	Add
		Glendale, CA 91201	
Vice President	Andres Friedman	701 Western Avenue,	Add
<u> </u>		Glendale, CA 91201	<u> </u>
Vice President	Michael McGowan	701 Western Avenue,	Add
		Glendale, CA 91201	<u></u>
Vice President	Robbie Williams	701 Western Avenue,	Add
		Glendale, CA 91201	<u> </u>
Vice President	Albert Shaw	701 Western Avenue,	Add
		Glendale, CA 91201	

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