

M160000001324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

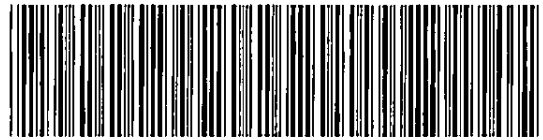
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/17/23--01016--001 \*\*620.00

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TALLAHASSEE, FLORIDA



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](http://www.sunbiz.org).

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://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:

<b><u>Mailing Address:</u></b> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<b><u>Street Address:</u></b> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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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 ALTAMONTE SPRINGS, 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:

Steve Babinski

Name of Person

## Public Storage

Firm/Company

701 Western Avenue

Address

Glendale, CA 91201

City/State and Zip Code

sbabinski@publicstorage.com

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

For further information concerning this matter, please call:

Steve Babinski

at ( 818 ) 649 - 3358

Name of Person

Area Code &amp; Daytime Telephone Number

**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

**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

**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: SS ALTAMONTE SPRINGS, LLC

Enter new principal office address, if applicable: 701 Western Avenue

(Principal office address  
MUST BE A STREET ADDRESS)

Glendale, CA 91201

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

701 Western Avenue

Glendale, CA 91201

2. The Florida document number of this limited liability company is: M16000001324

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/16/2016

**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:

\_\_\_\_\_

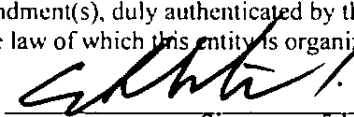
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See attached.

\_\_\_\_\_

<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
_____	_____	_____	<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

Steve Babinski

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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

Title/Capacity	Name	Address	Type of Action
Manager	BSREP II Simply Storage JV L.L.C	4901 Vineland Road, Suite 350 Orlando, FL 32811	Remove
Authorized Signatory	Kyle Schmutzler	4901 Vineland Road, Suite 350 Orlando, FL 32811	Remove

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

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