

9/17/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
SS FORT WALTON BEAL PARKWAY, LLC

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18 SEP 17 AM 8:10  
STATE  
TALLAHASSEE  
FLORIDA

K. SALY  
SEP 18 2018

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# 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 Fort Walton Beach Parkway, LLC

Enter new principal office address, if applicable: 5200 DTC Parkway, Suite 200

Greenwood Village, CO 80111

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5200 DTC Parkway, Suite 200

(Mailing address  
MAY BE A POST OFFICE BOX)

Greenwood Village, CO 80111

2. The Florida document number of this limited liability company is: M16000002592

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 29, 2016

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

5. New name of the limited liability company:  
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida 33324

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.

*Kimberly Laughlin*

If Changing Registered Agent, Signature of New Registered Agent

**FILED****18 SEP 17 AM 8:10****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**


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)(c), indicate that change:

The limited liability company is a member-managed company.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Kurt O'Brien	7932 West Sand Lake Road, Suite 108	<input type="checkbox"/> Add
		Orlando, FL 32819	<input checked="" type="checkbox"/> Remove
Member	SS Mezz, LLC	5200 DTC Parkway, Suite 200	<input checked="" type="checkbox"/> Add
		Greenwood Village, CO 80111	<input type="checkbox"/> Remove
Manager	BSREP II Simply Storage JV LLC	7932 West Sand Lake Road, Suite 108	<input type="checkbox"/> Add
		Orlando, FL 32819	<input checked="" 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

Karen Gerken, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

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