

MI7000000729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

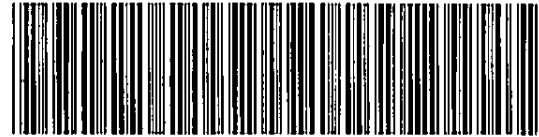
(Business Entity Name)

(Document Number)

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

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S. WARREN

AUG 21 2017

# Johnson, Smith, Hibbard & Wildman

L A W F I R M , L L L P

220 NORTH CHURCH STREET (ZIP CODE 29306)  
MAILING ADDRESS: P.O. DRAWER 5587  
SPARTANBURG, SOUTH CAROLINA 29304-5587  
TELEPHONE: 864-582-8121  
TELECOPIER: 864-585-5328  
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EDWIN W. JOHNSON (1904-1979)  
PAUL R. HIBBARD (1941-2004)

MILTON A. SMITH  
*Retired*

DONALD B. WILDMAN  
DOUG SMITH  
DONNA FAYE SHETLEY  
RANSOME A. COLEMAN  
STEVEN M. QUERIN  
KRISTIN BURNETT BARBER  
SHANE W. ROGERS

HOWARD R. KINARD  
REID WILDMAN<sup>^</sup>  
DANIEL A. CRAIG  
KYLE T. CLELLAND  
<sup>^</sup> also admitted in North Carolina

Sender's E-Mail Address:  
[Treynolds@jshwlaw.com](mailto:Treynolds@jshwlaw.com)

August 16, 2017

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Application by Foreign LLC to file Amendment to Certificate of Authority for JSF Entities  
JSHW File Nos.: 217019, 216373, 217045, 217018, 217041, 216338, 217132, 217009, 217111, 217013

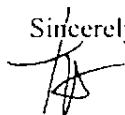
Dear Sir or Madame,

Enclosed herewith for filing in your office is ten Applications for Amendment, together with ten checks in the amount of \$25.00 each for the filing fee.

The enclosed Applications amend the information filed with respect to the entity with authority to manage the companies by (a) replacing the old Member(s) with the new Member(s), and (b) indicating the appointment of a Manager.

If you have any questions regarding the above, please do contact me at [treynolds@jshwlaw.com](mailto:treynolds@jshwlaw.com) or (864) 320-3979.

Sincerely,



Tina Reynolds,

tlr  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JSF Useppa Way CMPII, 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:

Tina Reynolds

Name of Person

Johnson Smith Hibbard and Wildman

Firm/Company

220 N Church St., Suite 4

Address

Spartanburg, SC 29306

City/State and Zip Code

lsimmons@johnsondevelopment.net

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

For further information concerning this matter, please call:

Tina Reynolds

Name of Person

at ( 864 ) 582-8121

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

**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: JSF Useppa Way CMP II, 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)

2. The Florida document number of this limited liability company is: M17000000729

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 1/24/2017

**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

City

Florida

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:

100% of membership interest transferred; manager appointed

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	National Safe Harbor Exchanges	100 Dunbar Street, Suite 400	<input type="checkbox"/> Add
		Spartanburg, SC 29306	<input checked="" type="checkbox"/> Remove
Member	The Haven at Central Mount Pleasant II Storage Fund, LLC	100 Dunbar Street, Suite 400	<input checked="" type="checkbox"/> Add
		Spartanburg, SC 29306	<input type="checkbox"/> Remove
Manager	JSF Management, LLC	100 Dunbar Street, Suite 400	<input checked="" type="checkbox"/> Add
		Spartanburg, SC 29306	<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

Dan C. Breiden, Jr.  
Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA