# M18000008635

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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Office Use Only



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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:

\$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:	_		Section Corporations			
SUBJI	ECT:	BSREE	II SIMPLY STORAGE TRS			
			Name of Foreig	gn Limited l	Liability Co	mpany
Dear S	Sir or N	/adam:				
The en	closec	l applic	ation, certificate and fee(s)	) are submitt	ted for filing	<u>,</u>
Please	return	all cor	respondence concerning th	is matter to	the following	ng:
Steve I	3abinsk	i				
			Name of Person			
Public	Storage	:				
_	_		Firm/Company			
701 W	estern /	Avenue				
			Address			
Glenda	ıle, CA	91201				
		•	City/State and Zip Cod	le	_	
		blicstora				
E-m	ail ado	dress: (1	to be used for future annua	il report noti	fication)	
For fu	rther in	nformat	tion concerning this matter	, please call	:	
Steve E	3abinsk	i		at (	649 - 3	3358
		Nan	ne of Person	Area C	ode & Dayt	ime Telephone Number
		ng Addı			Street A	
Registration Section					ration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		•		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 81			
	1 4116	massee	, 115 52514			assee, FL 32303
	Encl	osed is	a check for the following	gamount:		
<b>■\$</b> 25			☐ \$30 Filing Fee &	\$55 Fil	ing Fee &	☐ \$60 Filing Fee,
			Certificate of Status		ed Copy	Certificate of Status & Certified Copy

TO:

## 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: BSREP II SIMPLY STORAGE TRS COF	•
Enter new principal office address, if applicable:	701 Western Avenue
(Principal office address	Glendale, CA 91201
MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	701 Western Avenue
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	Glendale, CA 91201 F 89
2. The Florida document number of this limited li	iability company is: M18000008635
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 09/1	19/2018
SECTION II (5-9 complete only the applicable	
<ol> <li>New name of the limited liability company: (must</li> </ol>	st contain "Limited Liability Company, " "L.L.C.," or "LI.C.")
	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name .C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida Street Address
	City , Florida, Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
If C	Changing Registered Agent, Signature of New Registered Agent

If the amendment c	hanges person, title or capacity in	n accordance with 605.0902 (1)(e), indica	ate that char	nge: 
itle/ Capacity	<u>Name</u>	Address	Тур	e of Action
				□Add
				Remov
				□Add
				□Remov
		<del></del>		□Add
				□Remov
				□Add
			<del></del>	□Remo
				□Add
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		s in the	□Remo	
jurisdiction under t	he law of which this county is or	of the authorized representative		2023 O
	Steve Babinski	·	HASSER	2023 OCT 17 AI
		rinted name of signee  ng Fee: \$25.00	E FLORID	AM 8: 25

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	BSREP II Simply Storage JV LLC	4901 Vineland Road,	Remove
_		Suite 350	
		Orlando, FL 32811	
Authorized Person	Kyle A. Schmutzler	4901 Vineland Road,	Remove
		Suite 350	
	j	Orlando, FL 32811	

Title/Capacity	Name	Address	Type of Action
Manager	BREIT Simply Storage LLC	701 Western Avenue,	Add
<u>-</u>		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
	1	Glendale, CA 91201	
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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