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9/15/22, 8:46 AM

Division of Corporations

Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SSGT III 175 S ROLLING ACRES RD, LLC

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	F(1-4 must be completed)	
1. Name of limited liability Company as it appears	s on the records of the Flori	da Department of	
State: SSGT III 175 S Rolling Acre	s Rd, LLC		
Enter new principal office address, if applicable:		SECRETA	
(Principal office address		SEP RETA	П
MUST BE A STREET ADDRESS		IAS IAS	=
			η
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX)</u>			フ 沙
2. The Florida document number of this limited hal	bility company is: M220		12
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: Jun	ie 13, 2022		
SECTION II (5-9 complete only the applicable c	hanges)		
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 copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	laging members adopting th	ng business in Florida and attach a e alternate name. The alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our rec dress here:	ords, enter the name of the new	
Name of New Registered Agent;	•		
New Registered Office Address:	Enter Ele	orida Street Address	
	Liner 1 ic	Placed.	
na constant	Ciņ	Zip Code	
New Registered Agent's Signature, if changing Regithereby accept the appointment as registered agenthereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed locument is being filed to merely reflect a change it inbility company has been notified in writing of this	t and agree to act in this co and complete performance ared agent as provided for i a the registered office addi	of my duties, and I am familiar with n Chapter 605, F.S. Or, if this	

	dinent changes person, title or capacity in ac r Change	cordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
1anager	SmartStop Self Storage REIT, Inc.	10 Terrace Road	Add
		Ladera Ranch, CA 2969-1	Remo
anager	Strategic Storage Growth Trust III, Inc.	10 Terrace Road	∑Add
		Ladera Ranch, CA 29594	Remo
			∧dd
		Remo	
			Add
		Remov	
	4900-100-10-7-	Add	
aforementic	a certificate, if required: no more than 90 coned amendment(s), duly authenticated by to under the law of which this entity is organi	he official having custody of records in the	Remo

Typed or printed name of signee