## P95 000002765

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: PACE SELF-STO	RAGE, INC.		
DOCUMENT NUME	POSOOOOOOO			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	TINA MURPHY			
		Name of Contact Person	n,	
	PACE SELF-STORAGE, INC.			
•		Firm/ Company		
	4964 HWY 90 STE A	• •		
		Address		
	PACE FL 32571			
•		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
	2	F		
For further information	concerning this matter, pleas	se call:		
TINA MURPHY		at (850	994-8523	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

PACE SELF-STORAGE, INC.

(Name of Cornoration as current	ly filed with the Florida Dept. of State)
P9500000	•
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s).to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"P.A."
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3: 02 3: 02
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s	with and accept the obligations of the position.
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t	, Florida (Zip Codé)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	PSTD	ROBERT H MURPHY	4964 HWY 90 STE A	
Add X Remove			PACE FL 32571	
2) Change	DPT	ROBERT H MURPHY JR	4964 HWY 90 STE A	
X Add			PACE FL 32571	
3) Change	DS	BOBBY R MURPHY	4964 HWY 90 STE A	
AddRemove			PACE FL 32571	
4) Change	DV	TINA C MURPHY	4964 HWY 90 STE A	
X Add Remove			4964 PACE FL 32571	
5) Change				
Add Remove				
6) Change				
Add			<u></u>	

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
MA -	
And the second s	
	·
of an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	aument if not contained in the amendment rater.
(FOR THE STREET, FOR THE STREE	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated /1/9/2015
Signature Bolley R Muy By a director, president or other officer – if directors or officers have not been
by a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
BORBY R MUSCHS (Typed or printed name of person signing)
(Typed or printed name of person signing)
Title of person signing)
(Title of person signing)