# P98000009430

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Otty/Otate/21p/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900317639089

08/30/18--01013--021 \*+52.50

SECRETARY OF STATE

#### **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: COOPER'S Mini Self-Storage, Inc. DOCUMENT NUMBER: P9800005430				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Robert M. Coper  Name of Contact Person  (Oper 15 Mini Seif - Strage Inc., Firm/Company  2880 Havendale Blvd  Address  Winter Mayen, El 33881  City/ State and Zip Code  + Pawa Sho D@-lange hay. 17. Com  Elmail address: (td be used for fature annual report notification)				
For further information concerning this matter, please call:				
Leri Holley at (\$\sqrt{3}\) 3 967-3933  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				

## Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment

# to Articles of Incorporation of



Cooper's M	lini Sel	f-Storage	8 AUG 30C AM .	7: 36
Name of Corpo	ration as currently		tallent of State) CRETARY OF S ALLAHASSEE.	
(Do	ocument Number of (	Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpor	ation adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the	<u>ie corporation:</u>			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "C	o". A professional		
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: <i>BOX</i> )			
). If amending the registered agent and/or reg new registered agent and/or the new registe		ss in Florida, enter	the name of the	
Name of New Registered Agent				
	(Florida stree	et address)	<u></u>	
New Registered Office Address:			, Florida	
	(6	City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ith and accept the ob	ligations of the posi	ition.
	<del>-</del>	·		
	Signature of New Re	voistered Agent if chi	moino	

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Lori H. Holley	2880 Havendale Blid
_X Add			Winter Haven, 172 33881
Remove			
2) Change	<del></del>	Shull, Judith N.	2880 Havendale Blud Winter Haven, FL 3388
Add Remove			Willer Flaver, 1-2 5500
•			
3 ) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)			
			<u> </u>	
			<del></del>	
		·	-	
				<del></del>
			177	
·				<u> </u>
an amendment provides for an exch	nange, reclassificat	tion, or cancellatio	n of issued share:	<u>i</u>
provisions for implementing the ame	ndment if not con	tained in the amen	dment itself:	
(if not applicable, indicate N/A)				

The date of each a date this document	mendment(s) adoption: $3-37-18$ was signed.	, if other than the
Effective date <u>if a</u>	pplicable:  (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date is document's effective	inserted in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.	will not be listed as the
Adoption of Amer	idment(s) ( <u>CHECK ONE</u> )	
	(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval.	
	i(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):	
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment action was not r	t(s) was/were adopted by the board of directors without shareholder action and shareholder equired.	
The amendment action was not r	t(s) was/were adopted by the incorporators without shareholder action and shareholder equired.	
]	Dated 8-27-18	
٤	Signature Roser Company	
	(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)	
	Robert M. Cooper (Typed or printed name of person signing)	
	President (Registered Agent)	