

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230000398393ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION STORAGE CAP PORT ST LUCIE, L.P.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$52.50 |

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6292

2008 FEB 06 3:25 AM
T. L. G. ...

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
Storage Cap Port St Lucie, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B22000000021

2. The jurisdiction of its formation is: Nevada

3. The date the entity was authorized to transact business in Florida is: 1/6/2022

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

| <u>Name:</u> | <u>Business Address:</u> | |
|-----------------------------|--------------------------------|--|
| <u>RCH Management, LLC</u> | <u>330 E. Crown Point Road</u> | <input type="checkbox"/> Add |
| | <u>Winter Garden, FL 34787</u> | <input checked="" type="checkbox"/> Remove |
| | | <input type="checkbox"/> Change |
| <u>Storage Cap GP, Inc.</u> | <u>330 E. Crown Point Road</u> | <input checked="" type="checkbox"/> Add |
| | <u>Winter Garden, FL 34787</u> | <input type="checkbox"/> Remove |
| | | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <input type="checkbox"/> Remove |
| | | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <input type="checkbox"/> Remove |
| | | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <input type="checkbox"/> Remove |
| | | <input type="checkbox"/> Change |

2023 FEB -3 AM 11 05

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

The entity elects to be a limited liability limited partnership.

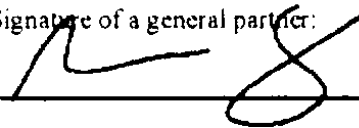
The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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.

Signature of a general partner:



Typed or printed name:

Storage Cap GP, Inc., by Robert Consalvo, COO

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FRANCISCO V. AGUILAR
Secretary of State

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

GABRIEL DI CHIARA
Chief Deputy

Certified Copy

01/27/2023 12:43:23 PM

Work Order W2023012701271 - 2661893
Number:
Reference Number: 20232916721
Through Date: 01/27/2023 12:43:23 PM
Corporate Name: Storage Cap Port St Lucie, L.P.

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

| Document Number | Description | Number of Pages |
|-----------------|---------------------------|-----------------|
| 20222250481 | Amended List - 04/14/2022 | 2 |



Certified By: Electronically Certified
Certificate Number: B202301303351087
You may verify this certificate
online at <http://www.nvsos.gov>

Respectfully,

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Nevada Secretary of State



BARBARA K. CEGAUSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
 www.nvsilverflume.gov

Annual or Amended List and State Business License Application

ANNUAL AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers

Storage Cap Port St Lucie, L.P.

NV20222324271

NAME OF ENTITY

Entity or Nevada Business
 Identification Number (NVII)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
 - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership
- Business Trust
- Corporation Sole

| | |
|--|------------------------------------|
| Filed in the Office of <i>Barbara K. Cegauske</i> | Business Number E20146602022-5 |
| Secretary of State State Of Nevada | Filing Number 20222250481 |
| | Filed On 04/14/2022 07:15:54 AM |
| | Number of Pages 2 |

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental pa

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co. provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, Fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the "Charitable Solicitation Registration Statement" is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
 www.nvsilverflume.gov

**Annual or Amended List
 and State Business License
 Application - Continued**

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION. INDICATE THE GENERAL PARTNER:

Storage Cap GP, Inc.

USA

Name

Country

330 E. Crown Point Road

Winter Garden

FL

34787

Address

City

State Zip/Postal Co

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for fill in the Office of the Secretary of State.

X Christopher Harris

Authorized Signer

04/14/2022

**Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer** *FORM WILL BE RETURNED IF*

Title

Date

UNSIGNED