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LLC AMND/RESTATE/CORRECT OR M/MG RESIG HPI SELF STORAGE LANTANA LLC	N
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SHUTTS & BOWEN LLP (ORLANDO) Account Number : 120030000004 Phone : (407)835-6769 Fax Number : (407)843-4076 **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please. **Email Address: **Corpmail@shutts.com **LLC AMND/RESTATE/CORRECT OR M/MG RESIGNEST O

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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)

1. Name of limited liability Company as it appear	
State: HPI SELF STORAGE LANTANA LLC	
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	2021 AF
Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX)	PR-1-2-PN-4:-
2. The Florida document number of this limited	hability company is: M20000010424 tvi
5. New name of the limited liability company. (in Clf name unavailable, enter alternate name adoptopy of the written consent of the managers of the must contain "Limited Liability Company," "L. 6. If amending the registered agent and'er registered agent and/or the new registered office.	ted for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate name L.C." or "LLC.")
New Registered Office Address:	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered to the provisions of all statutes relative to the pro-	Registered Agent: ngent and agree to act in this capacity. I further agree to comply with per and complete performance of my duties, and I am familiar with gistered agent as provided for in Chapter 605, F.S. Or, if this use in the registered office address, I hereby confirm that the limited
	If Changing Registered Agent. Signature of New Registered Agent

		3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
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s entity is organia	zed.	rds in the			
Signature of th	e authorized representative				
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	Signature of th	o more than 90 days old, evidencing the uthenticated by the official having custody of recos entity is organized. Signature of the authorized representative N Typed or printed name of signee			

Filing Fee: \$25.00

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<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HPI SELF STORAGE LANTANA, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HPI SELF STORAGE

LANTANA, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

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SR# 20211203072

You may verify this certificate online at corp.delaware.gov/authver.shtml

James of Bullock Secretary of State

Authentication: 202910649

Date: 04-07-21