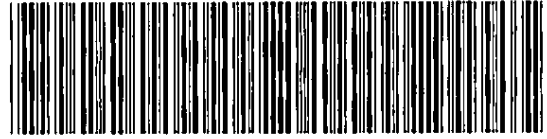


MO3 00003715



800422273658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

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2024 FEB 19 AM 9:06  
2024 FEB 19 PM 12:50  
DEPT. OF STATE  
PALM BEACH COUNTY, FL  
ATTORNEY GENERAL'S OFFICE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 323586 8331866

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 16, 2024

ORDER TIME : 8:06 AM

ORDER NO. : 323586-430

CUSTOMER NO: 8331866

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 FEB 19 AM 9:06

FILED

FOREIGN FILINGS

NAME: ICON KEYSTONE ICP V OWNER POOL  
5 SOUTH FL, LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

**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 appears on the records of the Florida Department of

State: Icon Keystone ICP V Owner Pool 5 South FL, LLC

Enter new principal office address, if applicable: 602 W. Office Center Drive, Suite 200

(Principal office address

MUST BE A STREET ADDRESS)

Fort Washington, PA 19034

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M03000003715

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/4/2003

**SECTION II (5-9 complete only the applicable changes)**

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 for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida**

\_\_\_\_\_,

\_\_\_\_\_, *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

**FILED**

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

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

Managing Director	Warren "Wes" Vaughan Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	<input checked="" type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, 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.

/s/ Alexa Rose  
Signature of the authorized representative

Alexa Rose  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
 2019 FEB 19 AM 9:36  
 STATE OF PENNSYLVANIA  
 DEPARTMENT OF REVENUE  
 HALLAMSBURG, PA