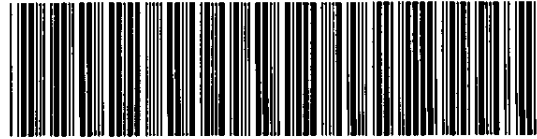


M14000003985



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18 MAR 13 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

O SIMMONS
MAR 16 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2018

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: CABOT IV - FL1M01, LLC
Ref. Number: M14000003985

We have received your document for CABOT IV - FL1M01, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 818A00005108

2018 MAR 15 AM 10:51
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 110012 7396281
AUTHORIZATION : *Lynne Cleman*
COST LIMIT : \$ 25.00

ORDER DATE : March 9, 2018
ORDER TIME : 8:55 AM
ORDER NO. : 110012-140
CUSTOMER NO: 7396281

FOREIGN FILINGS

NAME: CABOT IV-FL1M01, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cabot IV - FL1M01, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Schneider

Name of Person

Revantage Corporate Services

Firm/Company

222 S. Riverside Plaza, #2000

Address

Chicago, IL 60606

City/State and Zip Code

aschneider@revantage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Schneider at (312) 466-3607
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Cabot IV - FL1M01, LLC

Enter new principal office address, if applicable: 222 S. Riverside Plaza, #2000
Chicago, IL 60606
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: c/o Ann Schneider
222 S. Riverside Plaza, #2000
Chicago, IL 60606
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M14000003985

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/3/2014

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

5. New name of the limited liability company: BREIT Industrial Canyon FL1M01 LLC
(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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address
Tallahassee, Florida 32301
City 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.

Emily Croft **Emily Croft**
Asst. Vice President
If Changing Registered Agent, Signature of New Registered Agent

FILED
18 MAR 13 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

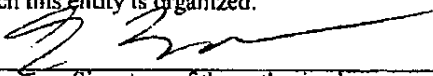
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
Member	BREIT Industrial Canyon Mezz LP	222 S. Riverside Plaza Chicago, IL 60606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Member	Cabot Industrial Value Fund IV Operating Partnership, L.P.	One Beacon Street, #1700 Boston, MA 02108	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE FLORIDA

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.



Signature of the authorized representative

Ann M. Schneider

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CABOT IV - FL1M01, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BREIT INDUSTRIAL CANYON FL1M01 LLC" ON THE NINTH DAY OF MARCH, A.D. 2018, AT 8:19 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREIT INDUSTRIAL CANYON FL1M01 LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2014.




Jeffrey W. Bullock, Secretary of State

5517820 8320
SR# 20181870933

Authentication: 202306565

Date: 03-13-18

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