

M14 00000 3955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

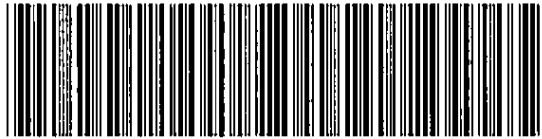
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

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2024 FEB 19 PM 10:58  
FILE

RECEIVED  
2024 FEB 19 PM 12:46  
ALLAHAS COUNTY

R. HUNT  
02/19/24

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

ACCOUNT NO. : I20000000195  
REFERENCE : 3235867 8331866  
AUTHORIZATION : *Shauna Godbolt*  
COST LIMIT : \$ 25.00

ORDER DATE : February 16, 2024  
ORDER TIME : 7:49 AM  
ORDER NO. : 323586-150  
CUSTOMER NO: 8331866

7:10:58  
FL

FOREIGN FILINGS

NAME: BREIT INDUSTRIAL CANYON 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: 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: BREIT Industrial Canyon FL1M01 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: M14000003985

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 03/13/2018

**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 "L.I.C.")

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 \_\_\_\_\_  
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.*

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

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

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	Warren W. Vaughan, Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

2020 JUN 11 10:58  
 STATE OF PA

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**