Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (514)280-3338 Phone Fax Number : (954)208-0845

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

Ema:	11	Add	re	S S	:
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LLC REGISTERED AGENT CHANGE ICON FL TAMPA INDUSTRIAL OWNER POOL 5 GA/FL, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	Two North Riverside Plaza Suite 2350	(h)	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(#)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Chicago, IL	<u></u>	
	60606		
	10/4/2010	M100	000004344
	Date of filing/registration in Florida	4.	Document number
(a)			
(4)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET 1201 HAYS STREET	TADDRESS)	
	TALLAHASSEE , F	., 32301	18 18 18 18 18 18 18 18 18 18 18 18 18 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> C T Corporation System		SSEE
	NEW Registered Office Address:		FLO 8. 7
	1200 South Pine Island Road		
	Plantation, F	L_33324	3-
ie cha gent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compan of the limited li le limited liabili	office and the business office of the registe y, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
<u> </u>	My combine	Stephanie I	
hurui	nure of a member or authorized representative of a member by accept the appointment as registered agent and ar- ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address.	gree to act in the le performance of led for in Chapte	Printed or typed name of signee is capacity. I further agree to comply with to fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being fit that the thin the form