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A. BUTLER JUN 17 2022 CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 676508 8331866					
AUTHORIZATION :					
COST LIMIT : \$ 25.00 Cenar					
ORDER DATE: May 16, 2022					
ORDER TIME : 9:28 AM					
ORDER NO. : 676508-138					
CUSTOMER NO: 8331866					
CHANGE OF AGENT					
NAME: ICON FL TAMPA INDUSTRIAL OWNER POOL 5 GA/FL, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					
EXAMINER'S INITIALS:					

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.

Name of the limited liability company:	ICON FL TAMPA INDUSTRIAL OWNER POOL 5 GA/FL, LLC		
a) 233 W. Wacker Drive, Suite 4700		(b)	
Principal office address of limited lia (Note: MUST BE STREET A			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Chicago, IL 60606			
10/04/2010		M1000	00004344
Date of filing/registration in	Florida	4.	Document number
C T Corporation System			202 SE
Registered Agent and Registered Office show	vn on the records of	the Florida Dept. o	of State: \overline{AC}
1200 South Pine Island Road			
Registered Office Address (MUST BE F.	LORIDA STREET	ADDRESS)	SECRETARY OF STATI
Plantation	, Fl	33324	— FSTA
Enter name of <u>NEW Registered Agent</u> and/o Corporation Service Company	or <u>NEW Registered</u>	Office address:	
NEW Registered Office Address:			
1201 Hays Street			
Tallahassee	. FI	32301	
e or changes are made, the Florida stre will be identical. Or, in the case of a F	et address of the Florida limited lia of the members o	registered offic ability company of the limited lia	of Florida, it is hereby confirmed that after the e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
ill Cilmi		Jill Cilmi, A	authorized Person
ature of a member or authorized representative			Printed or typed name of signee
sions of all statutes relative to the prop oligations of my position as registered of rely reflect a change in the registered o	er ana complete igent as provide office address, I l	performance of d for in Chapter hereby confirm (capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
ied in writing of this charge.	. Co	orporation Serv	rice Company
ture of Registered Agent	Ar	ni M. Casper,	Asst. Vice President