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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 676508 8331866

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 16, 2022

ORDER TIME : 9:26 AM

ORDER NO. : 676508-106

CUSTOMER NO: 8331866

CHANGE OF AGENT

NAME: ICON DP FL OWNER POOL 5 GA/FL,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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.

1.	Na	me of the limited liability company:	ICON DP FL OWNER POOL 5 GA/FL, LLC						
	(a)	233 W. Wacker Drive, Suite 4700		(b)					
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	mited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Chicago, IL 60606							
		05/21/2012		M120	00002819)			
3.		Date of filing/registration in Florida	4.		Doc	ument num	ber		
5	(a)	C T Corporation System							
٦.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		1200 South Pine Island Road					() 1 () 1	20	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					ALL	NOC 220	
		Plantation	_, FL333	324			 : c	9	i i i d
	<i>a</i>						Tri.	AH 10: 1	
	(b)	Enter name of NEW Registered Agent and/or NEW Regis	Registered Agent and/or NEW Registered Office address:) .	
		Corporation Service Company							
		NEW Registered Office Address:							
		1201 Hays Street							
		Tallahassee	_, FL3230	1					
cha age was	nge nt w s/we	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the membeles of organization or the operating agreement of	of the regis ed liability pers of the	tered offic company limited lia	ce and the	business o by confirm npany or as	ffice of t ned that t	he regi he cha	stered nge(s)
/s/ Jill Cilmi Jill Cilmi, Autho									
	_	ure of a member or authorized representative of a member				ed or typed n	•		
I he pro the note	ereb visio obli nere	y accept the appointment as registered agent and ons of all statules relative to the proper and comp gations of my position as registered agent as proly reflect a change in the registered office addres in writing of this change.	d agree to oblete performation of the performa	act in this mance of n Chapter confirm t	capacity. Iny duties 605, F.S. that the lii	I further a s, and I am Or, if this mited liabil	agree to o familiar s docume lity comp	comply with a nt is be any ha	with the nd accept eing filed is been
noti	(SI, M Lev	•			•			
Sign	natur	e of Registered Agent	- Ami M.	Casper,	ASSI. VIC	e Preside	11(