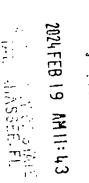
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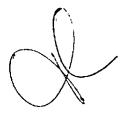
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 323586 AUTHORIZATION COST LIMIT : ORDER DATE: February 16, 2024 ORDER TIME : 7:55 AM ORDER NO. : 323586-235 CUSTOMER NO: 8331866 FOREIGN FILINGS NAME: BREIT SE INDUSTRIAL TAMPA 62ND STREET, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX 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 1 (1-4 must be completed)

Name of limited liability Company as it appears State: BREIT SE Industrial Tampa 62nd Street	
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)	202
	ability company is: M17000000086 /1 / / (())
3. Jurisdiction of its organization: DE	9
4. Date authorized to do business in Florida: 11/0	9/2018
SECTION II (5-9 complete only the applicable	19/2018
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. It amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the proper	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

	ent changes person, the or capacity in	n accordance with 605.0902 (1)(e), indicate that	
itle/ Capacity	<u>Name</u>	Address	Type of Action
horized Signatory	Warren W. Vaughan, Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	≣ Add
			□Remove
			\[\] \
			2024 POWER
			HANGS EE FA Remove
			□Add
			□Remove
			DAdd
aforemention	certificate, if required: no more than ned amendment(s), duly authenticated under the law of which this entity is or	by the official having custody of records in the	□Remove
	/s/ Alexa Rose	of the authorized representative	

Filing Fee: \$25.00