M1600	007836
(Requestor's Name) (Address)	
(Address)	100422235931
(City/State/Zip/Phone #)	
(Business Entity Name)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
$\int_{a}^{a} \left[\left[\frac{1}{2} \right] \right] \left[\frac{1}{2} \right]$	RECEIVITI 2024 FEB 19 PH 12:33 ALL ALMANNE CORID
Office Use Only	PHI2: 35

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State:	BREIT Industrial Canyon FL4W03 LLC
· · · · · · ·	

Enter new principal office address, if applicable:	602 W. Office Center Drive, Suite 20	00
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Fort Washington, PA 19034	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited lia	bility company is:M16000007836	
3. Jurisdiction of its organization:		- ·
4. Date authorized to do business in Florida: $\frac{09/2}{2}$	9/2016	
SECTION II (5-9 complete only the applicable of	changes)	
 New name of the limited liability company:	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 mar must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate	in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street	
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Reg		<u>r</u>
I hereby accept the appointment as registered agen	nt and agree to act in this capacity. I fur	

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.

If Changing Registered Agent, Signature of New Registered Agent

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

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

Image:	Title/ Capacity	<u>Name</u>	Address <u>1</u>	ype of Action
	Authorized Signatory	Warren W. Vaughan, Jr.		Add
				🗆 Remove
				🗆 Add
Image:				□Remove
Image:				🗆 Add
Rem Rem Attached is a certificate, if required: no more than 90 days old, evidencing the				□Remove
9. Attached is a certificate, if required: no more than 90 days old, evidencing the				🗆 Add
9. Attached is a certificate, if required: no more than 90 days old, evidencing the				🗆 Remove
9. Attached is a certificate, if required: no more than 90 days old, evidencing the				🗆 Add
jurisdiction under the law of which this entity is organized.	aforemention	ed amendment(s), duly authenticated by	y the official having custody of records in the	DRemove
/s/ Alexa Rose				

Alexa Rose

Typed or printed name of signee

Filing Fee: \$25.00