3/31/2020

Division of Corporations

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Division of Corporations

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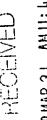
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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.

Email Address:___



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APR 0 1 2020

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

 Name of limited liability Company as it appears 	on the records of the F	Iorida Department of	
State: ALM COCOA, LLC	<u> </u>		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			2020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0000010342	MAR 31 AH 10: 26
2. The Florida document number of this limited lial	bility company is:		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 10/25			
SECTION II (5-9 complete only the applicable of	changes)		
New name of the limited liability company: (must			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopu	sacting business in Flor ng the alternate name. I	ida and attach a he alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office as	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida Street Addres	<i>S</i> :
	7	Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in t cand complete perform tered agent as provided in the registered office	ance of my auties, and i I for in Chapter 605, F.S	am jamuar wuu 8. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

Fitle/ Capacity	<u>Name</u>	Address Type	e of Action
Member	USAA Real Estate Company	9830 Colonnade Blvd., Suite 600, San Antonio. Texas 78230	□Add
			⊠Remo
le Member	LM Logistics REIT	9830 Colonnade Blvd., Suite 600, San Antonio, Texas 78230	⊯Add
			□Remo
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). Attached is	a certificate, if required; no more than	n 90 days old, evidencing the d by the official having custody of records in the	_ UKenik

Filing Fee: \$25.00