I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T. BLAIR

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M11000003650

Entity Name: PROLOGIS MANAGEMENT LLC

Current Principal Place of Business:

PIER ONE, BAY ONE SAN FRANCISCO, CA 94111

Current Mailing Address:

PIER ONE, BAY ONE SAN FRANCISCO, CA 94111

FEI Number: 74-2820977

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER, MEM	Title	INDIVIDUAL MANAGER
Name	PROLOGIS	Name	GREGORY, SCOTT
Address	PIER ONE, BAY ONE	Address	300 SOUTH ORANGE AVENUE
City-State-Zip:	SAN FRANCISCO CA 94111		SUITE 1110
		City-State-Zip:	ORLANDO FL 32801

MANAGING DIRECTOR 03/02/2016

Date