

BB40000000191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

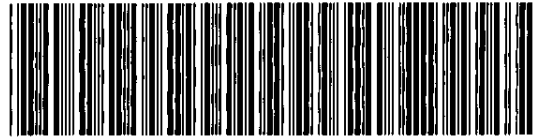
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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11 JUL -6 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 06 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 52.50

Spencer

ORDER DATE : June 21, 2011

ORDER TIME : 4:39 PM

ORDER NO. : 820337-143

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB INSTITUTIONAL ALLIANCE
FUND II, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. AMB INSTITUTIONAL ALLIANCE FUND II, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 05/06/2004 Date of filing/registration in Florida
3. B04000000191 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI SERVICES, INC.
Name

515 E PARK AVENUE
Address

TALLAHASSEE, FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

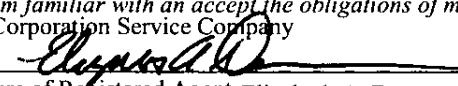
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TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.

SEE ATTACHED SIGNATURE PAGE

Signature of General Partner

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.

By: 
Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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of

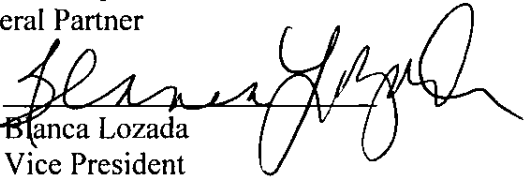
AMB INSTITUTIONAL ALLIANCE FUND II, L.P.

Signature Page

AMB INSTITUTIONAL ALLIANCE FUND II, L.P.,
a Delaware limited partnership

By: **AMB PROPERTY, L.P.,**
a Delaware limited partnership,
its General Partner

By: **AMB PROPERTY CORPORATION,**
a Maryland corporation,
its General Partner

By: 
Name: Blanca Lozada
Its: Vice President

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