

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

16 JUN 17 PM 2:56

JULY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 17 AM 10:02

TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
DIGITAL REALTY TRUST, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUN 20 2016

S. YOUNG

**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. DIGITAL REALTY TRUST, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/27/2004 3. B04000000469
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL 32301-2525

City, State and Zip

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

NRAI SERVICES, INC.

Name

1200 SOUTH PINE ISLAND ROAD

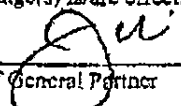
Florida street address (P.O. Box not acceptable)

PLANTATION

FL 33324

City, State and Zip

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


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.

NRAI SERVICES, INC.

by: Judy Culver, Asst. Sec.

Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA