| (Requestor's Name) | |
|---|--------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | - |
| (Business Entity Name) | |
| (Document Number) | <u></u> |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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TI JUL -6 AH W. 55 ENTER PROPERTY OF STATE ASSEE, FLORIDA D. BRUCE

EXAMINER



ACCOUNT NO. : I20000000195

REFERENCE: 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE: June 21, 2011

ORDER TIME: 4:43 PM

ORDER NO. : 820337-254

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB U.S. LOGISTICS FUND, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

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 U.S. LC | OGISTICS FUND, L.P. | | |
|--|--|--|------------------------------|
| | Name of Limited Partnership or Lir | nited Liability Limited Partner | ship |
| 2. 12/01/2004 | | 3. B04000000518 | |
| Date of i | filing/registration in Florida | Florida document number | |
| 4. The name of the Department of St. | he registered agent and the registered ate: | office address as shown on the | records of the Florida |
| | NRAI SERVICES, INC. | | |
| | Nai | ne | • |
| | 515 E PARK AVENUE | | |
| | Add | ress | , |
| | TALLAHASSEE, FL 32301 | | Žc → |
| | City, State | and Zip | 59 = |
| 5. The name and | Florida street address of the new reg | istered agent and/or office: | JUL -6 GRETARY _AHASSE |
| | Corporation Service Company | | in C 28s |
| | Nar | me | |
| | 1201 Hays Street | | TATION OR |
| | Florida street address (P. | O. Box not acceptable) | |
| | Tallahassee | FL 32301 | |
| | City, State | ^ ~ | |
| |) is/are effective when filed by the Fl | orida Department of State. | |
| Signature of Gene | | | |
| Signature of Gene | ciai Faithei | | |
| comply with the pand I am familiar Corporation By: | te appointment as registered agent an rovisions of all statutes relative to the with an accept the obligations of my a Service Company | e proper and complete perform position as registered agent. | |
| Signature of tregis | stered Agent Elizabeth A. Dawson, A | Asst. Vice President | |
| Filing Fee: | \$35.00 | | |
| Certified Copy | y (optional): \$52.50 | | |

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

of

AMB U.S. LOGISTICS FUND, L.P.

Signature Page

AMB U.S. LOGISTICS FUND, L.P.,

a Delaware limited partnership

By: AMB PROPERTY, L.P., General Partner

By: AMB PROPERTY CORPORATION, General Partner

Name: Blanca Lozada, Vice President

TALLAHASSEE FESTATE