

BD4000000518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

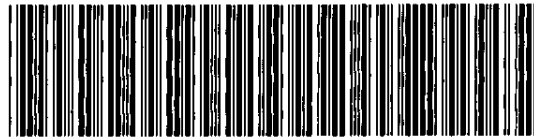
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800208421938

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 JUL -6 AM 10:51  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
11 JUL -6 AM 11:55  
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

*Lyndell*

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.

FILED  
14 JUL -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. LOGISTICS FUND, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/01/2004 Date of filing/registration in Florida
3. B04000000518 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)

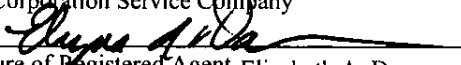
Tallahassee FL 32301  
City, State and Zip

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

FILED  
11 JUL -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

of

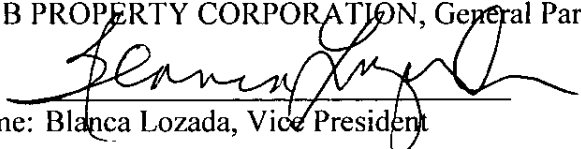
**AMB U.S. LOGISTICS FUND, L.P.**

*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

By:   
Name: Blanca Lozada, Vice President

**FILED**  
11 JUL -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA