

B04000000560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

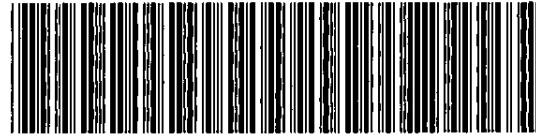
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100208421901

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUL -6 AM 10:50:56 PM 128 80
SECRETARY OF STATE
NOT INTENDED FOR FILING
TO ACKNOWLEDGE SUFFICIENCY OF FILING
HASSEE, FLORIDA

D. BRUCE
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 : 4:46 PM

ORDER NO. : 820337-324

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB-AMS OPERATING PARTNERSHIP,
L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: _____

FILED
11 JUL -6 PM 12:00
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-AMS OPERATING PARTNERSHIP, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/28/2004

Date of filing/registration in Florida

3. B04000000560

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: Elizabeth A. Dawson

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

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

11 JUL - 6 PM '04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

of

AMB-AMS OPERATING PARTNERSHIP, L.P.

Signature Page

AMB-AMS OPERATING PARTNERSHIP, 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

FILED
11 JUL -6 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA