

BOS 000000/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

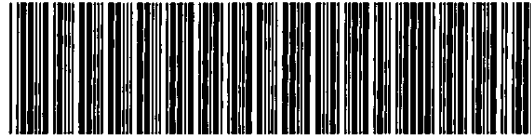
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLAS Information Services
2020 Hurley Way, Suite #350 Sacramento CA 95825
Tel: (800) 447-6237

Job Number: 5809/JC

Date: 9/8/2006

Name: AMB PARTNERS II, L.P.

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check # 18595 in the amount of \$35.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. Please call with any questions. Thank you in advance.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Judy Culver

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: **AMB PARTNERS II, L.P.**

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: **B05000000166**

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Judy Culver

(Contact Person)

CLAS Information Services, Inc.

(Firm/Company)

2020 Hurley Way, Ste. 350

(Address)

Sacramento, CA 95825

(City, State and Zip Code)

2006 SEP 20 P 12: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Judy Culver

(Name of Contact Person)

at (**800**) **447-6237**

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**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 PARTNERS II, L.P.**

Name of Limited Partnership or Limited Liability Limited Partnership

2. **04/07/2005**

Date of filing/registration in Florida

3. **B05000000166**

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

2731 EXECUTIVE PARK DRIVE, SUITE 4

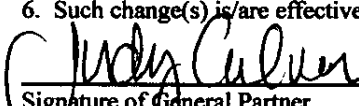
Florida street address (P.O. Box not acceptable)

WESTON

FL 33331

City, State and Zip

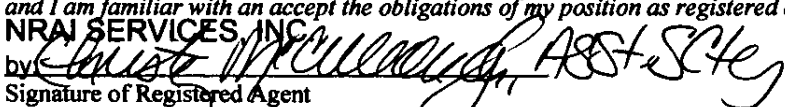
6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

Judy Culver, Attorney-in-Fact for AMB Property, L.P.

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 
Signature of Registered Agent

CHRISTY MCCULLOUGH, ASSISTANT SECRETARY

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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