B05000000166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

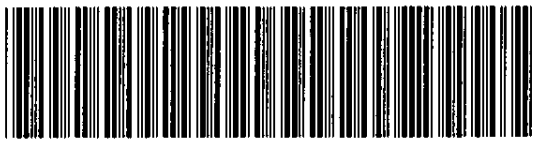
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL - 7 2011

EXAMINER



900208257009

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUL -7 PM 1:40

NOT REQUIRED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -7 PM 3:34

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 820337 7143029

AUTHORIZATION :

COST LIMIT : $ ~~35.00~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -7 PM 3:34

35.00

ORDER DATE : June 21, 2011

ORDER TIME : 4:42 PM

ORDER NO. : 820337-196

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB PARTNERS II, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -7 PM 3:34

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:

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 an accept the obligations of my position as registered agent.

Corporation Service Company
By: _____
Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President

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

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

of

AMB PARTNERS II, L.P.

Signature Page

AMB PARTNERS II, L.P.,
a Delaware limited partnership

By: AMB PARTNERS II GP, LLC,
a Delaware limited liability company,
its General Partner

By: AMB U.S. LOGISTICS FUND, L.P.,
a Delaware limited partnership,
its Sole Member

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