B130000000221

(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



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10/13/17--01019--001 **35.00

17 OCT 13 PM I2: \$7

S. WARREN 0CT 1 6 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 11, 2017

Order#: 852450-031

Re: BIOMED REALTY, L.P.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

1.IMITED 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	BIOMED RE	<u>.ALTY, L.P.</u>	<u> </u>		
	Name of Limited Partnership or Lim	ited Liability Lin	nited Partners	ship	
2.	07/26/2013		3 B1300000221		
Date of filing/registration in Florida		- 1	Florida document number		
4. The name of the Department of State	e registered agent and the registered of te:	office address as	shown on the	records of the Florida	
	C T Corporation	on System			
	Nam				
	1200 South Pine	s Island Road	1		
	Addre	ess			
	Plantation	FL	33324	7	
	City, State	and Zip		OCT	
5. The name and I	Florida street address of the new regis	stered agent and/o	or office:	OCT 13 PH 12: 9:	
	Corporation Serv	ice Company	У	<u> </u>	
	Nam	e		الاران الاران	
	1201 Hays Street				
	Florida street address (P.C	D. Box not accept	table)	•	
	Tallahassee	FL	32301		
	City, State	and Zip			
6. Such change(s)	is/are effective when filed by the Flo	rida Department	of State.		
X.,	8 COM.	·			
Signature of Gener	ral Partner Jill Cilmi, Vice President or	n behalf of Biomed	l Realty Trust	Inc., General Partner	
Unaverta managadah					
	e appointment as registered agent and ovisions of all statutes relative to the				
and I am familiar	with an accept the obligations of my p			ance by my unites,	
Corpor	ration Service Company		•		
By: (Simple of Basis					
Signature of Regis Ami M. Casper, Ass	•				
Zani ini. Gasper, Ass	. Fide (resident				
Filing Fee:	\$35.00				
Certified Copy	(optional): \$52.50				