

B2 0000000163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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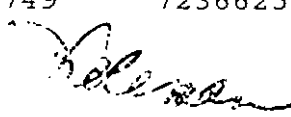
CLERK OF SUPERIOR COURT  
FALL RIVER, MA

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CLERK OF SUPERIOR COURT  
FALL RIVER, MA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 554749 7236625  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : July 17, 2024  
ORDER TIME : 1:04 PM  
ORDER NO. : 554749-093  
CUSTOMER NO: 7236625

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CHANGE OF AGENT

NAME: AMERICOLD REALTY OPERATING  
PARTNERSHIP, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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. AMERICOLD REALTY OPERATING PARTNERSHIP, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/20/2020 3. B20000000163  
Date of filing/registration in Florida 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:

CT CORPORATION SYSTEM  
Name  
1200 S PINE ISLAND RD  
Address  
PLANTATION, FL 33324  
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.

Nathan Harwell Nathan Harwell, Vice President on behalf of AMERICOLD REALTY  
Signature of General Partner TRUST, 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.*

Grace E. Kirby Grace E. Kirby, Asst. Vice President  
Signature of Registered Agent

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