(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120	000000195		
REFERENCE : 116	5888 7143029		
AUTHORIZATION :	( Malana)		
COST LIMIT : \$	Sand Bleman 35.00		
ORDER DATE : November 7, 2022			
ORDER TIME : 1:41 PM			
ORDER NO. : 116888-306			
CUSTOMER NO: 7143029			
CHANGE OF AGENT			
NAME: DUKE REALTY LIMITED PARTNERSHIP			
PLEASE RETURN THE FOLLOWING AS PROOF	OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			

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. DUKE REALT	Y LIMITED PARTNERSHIF			
1	Name of Limited Partnership	or Limited Liability Limited Pa		
2 06/09/1999	3			
Date of fili	Date of filing/registration in Florida Florida document number		document number	
4. The name of the Department of State		tered office address as shown	on the records of the Florida	
	C T Corporation System	1		
	Name		<b>20</b> .	
1200 South Pine Island Road			27 <b>7</b>	
Address		VOI.		
Plantation, FL 33324		29		
	City, State and Zip		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
1200 South Pine Island Road  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				
Corporation Service Company				
Name				
1201 Hays Street				
Florida street address (P.O. Box not acceptable)			<del></del>	
	Tallahassee	FL 32301		
City, State and Zip				
6. Such change(s) is/are effective when filed by the Florida Department of State.				
	Michael T. Blair, Authorized Person on behalf of		rized Person on behalf of	
Duke Realty LLC, General Partner		ral Partner		
county with the prov	visions of all statutes relative	nt and agree to act in this cap to the proper and complete pe If my position as registered ago	rformance of my duties,	
C.		Corporation Service		
Signature of Register	red Agent	Ami M. Casper, Ass	t. Vice President	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50