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NOTE PARTY OF ALLAHASSEE, FLORIS

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	I2000000195			
REFERENCE :	116888 7143029			
AUTHORIZATION : (Spellenan			
COST LIMIT :	\$ 25.00 35.00			
ORDER DATE: November 7, 2022				
ORDER TIME : 1:41 PM				
ORDER NO. : 116888-396				
CUSTOMER NO: 7143029				
•				
CHANGE OF AGENT				
NAME: DUKE REALTY SERV PARTNERSHIP	'ICES LIMITED			
·PLEASE RETURN THE FOLLOWING AS PR	OOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				
EXAMI	NER'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 REAL	TY SERVICES LIMITED	PARTNERSHIP		
··	Name of Limited Partners	hip or Limited Liability Lin	nited Partnership	
2 06/09/1999		3 B9900000220		
Date of fi	ling/registration in Florida	istration in Florida Florida document number		
4. The name of the Department of Sta		egistered office address as	shown on the records of the Flor	rida
	C T Corporation Sys	stem	(r	20
		Name		22.
	1200 South Pine Island Road		=1	Q.
	Address			29
	Plantation, FL 33324			70
	(City, State and Zip	ALT AHASSEL.	工 53
5. The name and I	Florida street address of the	new registered agent and/o		2027 NOV 29 PH 12: 04
	Corporation Service	Company		•
		Name		
	1201 Hays Street			
	Florida street ac	idress (P.O. Box not accept	able)	
	Tallahassee	FL_	2301	
		City, State and Zip		
6. Such change(s)	is/are effective when filed	by the Florida Department o	of State.	
	, · · · · · · ·	Michael T. Blair,	Authorized Person on behalf of	
Signature of Gener	al Partner	Duke Realty LLC	, General Partner	
comply with the pro	ovisions of all statutes relat	agent and agree to act in the tive to the proper and comp ons of my position as registe	his capacity. I further agree to lete performance of my duties, red agent.	
			ervice Company	
Signature of Regist	ered Agent	Ami M. Casper	r, Asst. Vice President	
-	_			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50