F97000004243

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TAIL AND SECRETARY



CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447–6237

Job Number: 5809/JC Date: 9/8/2006

Name: MARYLAND AMB PROPERTY CORPORATION

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check # 18596 in the amount of \$35.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. Please call with any questions. Thank you in advance.

Sincerely,

Judy Culver

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: MARYLAND AMB PROPERTY CORPORATION (Name of Corporation) DOCUMENT NUMBER: F97000006243 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUDY CULVER (Name of Contact Person) CLAS INFORMATION SERVICES (Firm/Company) 2020 HURLEY WAY, STE. 350 (Address) SACRAMENTO, CA 95825 (City/State and Zip Code) For further information concerning this matter, please call: 800 447-6237 (Area Code & Daytime Telephone Number) JUDY CULVER (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, unge is submitted for a corporation			
	er to change its registered office of	•	· · · · · · · · · · · · · · · · · · ·	
1. The name of	the corporation: M/	ARYLAND AMB PROF	PERTY CORPORA	FION
2. The principal	office address: PIER BAY 1, S	SAN FRANCISCO CA 9	14111	to the second se
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/25/19	97 Document no	mber: F9700000	6243
	d street address of the current regriment of State:	stered agent and registered	office on file with the	
	CORPORATION SEE	RVICE COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE FL 3	2301		· · · · · · · · · · · · · · · · · · ·
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and	/or registered office	06
	NRAI SERVICES, INC).		É E T
	2731 EXECUTIVE PA		4	ERY O
	(P.O. Box NOT WESTON, FL 3333	- ·	T,	
The street address changed will	ess of its registered office and the		iness office of its regis	E
Such change wa	as authorized by resolution duly ne board, or the corporation has	adopted by its board of di	irectors or by an office	r so
r lud	ire often of ficer of director)	JUDY CULVER, A TAMRA D. BROW	TTORNEY-IN-FACT FOR INE, SENIOR VICE PRESI ed or typed name and title)	
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered of comply with the provisions of all I am familiar with and accepting filed merely to reflect a chars been notified in writing of this	igent and agree to act in the all statutes relative to the the obligation of my positive in the registered office change.	his capacity. I proper and complete the tion as registered agent address, I hereby cons	performance t. Or, if this firm that the
Aust (SI	pature of Registered Agent)	7 - 1/8	(Date)	
If signing on be	half of an entity:			
	CULLOUGH, ASST. SECRETARY	- · · · · · · · · · · · · · · · · · · ·	* -	. مديد د رو د د د د د د د د د د د د د د د د د
()	Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *