## L12000052862

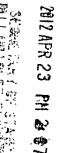
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	:
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
APR 25 2011	
EXAMINER	

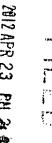
Office Use Only



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04/23/12--01028--035 \*\*25.00





## **COVER LETTER**

Division of Corp	orations						
SUBJECT:	AMB PF						
	Name of	Limited	l Liability	/ Company	/		
Dear Sir or Madam:							
The enclosed Registered	Agent/Registered	Office (	Change ai	nd fee(s) ar	re submitte	d for filing.	
Please return all corresp	ondence concerning	g this m	atter to th	e followin	g:		
	Jeffrey Boll						
N	ame of Person					Til -m	2
	effrey Boll, PA					F.A.	II2 API
Fi	rm/Company		· ,				23
			:		•	精造工作	
	do Key Drive, Ste	<u>100</u>				1.20 CW	=
Mark to the	Address						<b>1</b> 20
			••	•:		c.	<b>→</b>
Pens	acola, FL 32507		•				
City/S	tate and Zip Code						
E-mail address: (to be use	ker@higky.com	notificatio	on)				
For further information							
Andy B	arker	at (	270	)	779-66	377	
Name of Pe	son		Ar	ea Code & Da	ytime Telepho	one Number	
STREET/COUR	FR ADDRESS:		MAII	ING ADD	RESS:		
Registration Section		Registration Section					
Division of Corpo			Division of Corporations				
Clifton Building			P.O. Box 6327				
2661 Executive C			Tallahassee, Florida 32314				
Tallahassee, Flori	la 32301						
Enclosed is a ch	eck for the followi	ing amo	unt:				
✓ \$25 Filing Fed	ee S55 Filing Fee & Certified Copy						

TO: Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	AMB PROPERTIES SOUTH, LLC
2. (a) Principal office address of limited liability c	ompany:
(Note: MUST BE STREET ADDRESS)	1240 FAIRWAY STREET BOWLING GREEN KY 42103 US
(b) Mailing address of limited liability company	y:
(Note: MAY BE POST OFFICE BOX)	1240 FAIRWAY STREET BOWLING GREEN KY 42103 US
04/18/2012	L12000052862
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Marty Williams
Registered Office Address:	856 HARBOR BLVD Destin, FL 32541
(b) Enter name of <b>NEW Registered Agent</b> and	/or NEW Registered Office address:
<u><b>NEW</b></u> Registered Agent:	Marty Williams
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRES</u>	SS) 6 Moreno Point (S)
	Destin FL32541
of the members of the limited liability company or or the operating agreement of the limited liability of	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
Signature of a member or authorized representative of a member	
R Jeffrey Boll Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, If my position as registered agent as provided for in I do merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Registered Agent for Marty Wi	<u>U</u> lam
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (05/08)