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D. BRUCE

JUL 0 6 2011

EXAMINER



AATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE: 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE : June 21, 2011

ORDER TIME : 4:31 PM

ORDER NO. : 820337-016

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB BEACON LAKES 10, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

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.

-		
1. Name of the limited liability company: AMB BEACON	LAKES 10, LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· PIER 1. BAY 1	
	ATTN: LEGAL DEPT	
	SAN FRANCISCO, FL 94111	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PIER 1, BAY 1	
	ATTN: LEGAL DEPT	
	SAN FRANCISCO, FL 94111	
12/08/2006	M06000006794	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on		of State:
Registered Agent:	NRAI SERVICES, INC.	<u>→</u>
Registered Office Address:	515 E. PARK AVENUE	
Registered of the find real sistematics.	TALLAHASSEE, FL 32301	
		20 00 F
		<u>m</u> ≺ :
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:	
NEW Registered Agent:	Corporation Service Company	S R C
	1201 Hays Street	7018 7.53
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	Tallahassee	FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the capacity company or as otherwise provided in the articles of liability company. Signature of a member or authorized representative of a member) Blanca Lozada, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and a	t address of the registered offices as of a Florida limited liability by an affirmative vote of the me f organization or the operating a	e and the business company, it is mbers of the limited agreement of the
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited fiability company has been notified by:	pre to de the mist depoty. If the performing of the performing of the performing of this change. In writing of this change.	of my duties, and I I for in Chapter 608, iddress, I hereby
(Signature of Registered Agent) Corporation Service Company	Elizabeth A. Dawson, Asst. Vice Pres	ident
Division of Cornerations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)