

1107000002721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

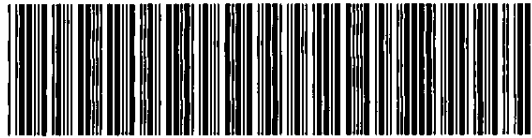
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
2011 JUL -6 AM 10:49
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FILED
11 JUL -6 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 06 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00

J. Reynolds

ORDER DATE : June 21, 2011

ORDER TIME : 4:32 PM

ORDER NO. : 820337-020

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB BEACON LAKES 9, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 9, LLC
2. (a) Principal office address of limited liability company: PIER 1, BAY 1
 (Note: **MUST BE STREET ADDRESS**) ATTN: LEGAL DEPT
SAN FRANCISCO, FL 94111
- (b) Mailing address of limited liability company: PIER 1, BAY 1
 (Note: **MAY BE POST OFFICE BOX**) ATTN: LEGAL DEPT
SAN FRANCISCO, FL 94111

05/08/2007 M07000002721

3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

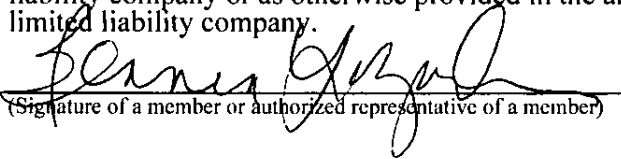
Registered Agent: NRAI SERVICES, INC.

Registered Office Address: 515 E. PARK AVENUE
TALLAHASSEE, FL 32301

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 TALLAHASSEE, FLORIDA


- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Corporation Service Company
- NEW Registered Office Address:** 1201 Hays Street
 (MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited 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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: 
 (Signature of Registered Agent) Corporation Service Company Elizabeth A. Dawson, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00