

MD7000005735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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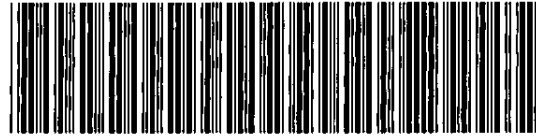
(Business Entity Name)

(Document Number)

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11 JUL -6 PM 12:26
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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D. BRUCE

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EXAMINER



CSC.

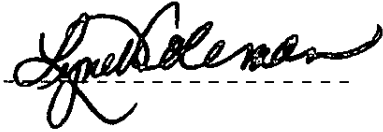
CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : June 21, 2011

ORDER TIME : 4:40 PM

ORDER NO. : 820337-178

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB PALMETTO DISTRIBUTION
CENTER, LLC

FILED
11 JUL -6 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PALMETTO DISTRIBUTION CENTER, LLC
2. (a) Principal office address of limited liability company: PIER 1, BAY 1
(Note: MUST BE STREET ADDRESS) SAN FRANCISCO, CA 94111
- (b) Mailing address of limited liability company: PIER 1, BAY 1
(Note: MAY BE POST OFFICE BOX) SAN FRANCISCO, CA 94111

09/24/2007 M07000005735

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

- (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.

Blanca Lozada
(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: Elizabeth A. Dawson
(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