Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	page. Doing so will generate another cover sheet.	<u>≫</u>	٠.
To:		LAHASSE	1 FFP.
	Division of Corporations	SS	!
	Fax Number : (850)617-6383		•
From:	·	•)	*
	Account Name : C T CORPORATION SYSTEM		
	Account Number · FCA000000023	⊕ ₹	•

: (850)222-1092

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC REGISTERED AGENT CHANGE
OGIS TLF (ORLANDO-PRINCETON OAKS DIST. CTR. #100

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

G. MCLEOD

FEB - 3 2011

EXAMINER

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: PROLOGIS TLF	(ORLANDO-PRINCETON OAKS DIS	T. CTR, #	100), L	TC.	
2. (a) Principal office address of limited liability company	y:			_	
(Note: MUST BE STREET ADDRESS)	4 EMBARCADERO CENTER STE 3300 SAN FRANCISCO CA 94111			- -	
(b) Mailing address of limited liability company:	-				
(Note: MAY BE POST OFFICE BOX)					
9/28/2010	M10000004240				
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:	CORPORATION SERVICE COMP			•	
Registered Office Address:	1201 HAYS STREET				
Hogisterod Othoc Paddrogs.	TALLAHASSEE PL 32301	7,000	~r]_	-	
		Er. 71.			
		SS	2	- 90	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 1775					
· · · · · · · · · · · · · · · · · · ·	· -	în di		,	
NEW Registered Agent:	C T Corporation System	<u></u>		- :	
NEW Registered Office Address:	1200 South Pine Island Road	GD >-	<u></u>	_	
MUST BE FLORIDA STREET ADDRESS)		(29) ;** ;	1	-	
	Plantation,	F <u>C 3</u> 3324		-	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a number or authorized representative of a member Jennifer Shanders	orida street address of the regist cal. Or, in the case of a Florida was/were authorized by an affir	tered off limited rmative	vote		
Printed or typed name of signee					
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 508. F.S. Or, if this accument is being filed to mer address, I hereby confirm that the limited liability company CT Corporation System CT Corporation System CT Corporation System CT CORPORATION TO STATE THE CONTROL OF THE CONTROL	per and complete performance of the mas registered agent as pro- ely reflect a change in the regis has been notified in writing of t Assistant Secusiary	ther agi of my du vided fo tered off his char	ree to ties, r in tice tige.		
Signature of Registered Agent	Rebrook Barth				
Rebecca Barth Division of Corporations, P.O. Box 632 FILING FEE: \$2:					

INHS18 (05/08)

By: