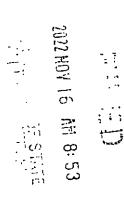
M100000055644

| (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 | | | | | | | | |
| | | | | | | | | |
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Office Use Only



800395058158



RECEIVED

2022 NOV 16 AM II: 27

A EUTIL .
NOV 17 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| REFERENCE : 116888 7143029 | | | | | | | | |
| AUTHORIZATION : Typelle man | | | | | | | | |
| COST LIMIT : \$25,00 | | | | | | | | |
| ORDER DATE: November 7, 2022 | | | | | | | | |
| ORDER TIME : 9:18 AM | | | | | | | | |
| ORDER NO. : 116888-068 | | | | | | | | |
| CUSTOMER NO: 7143029 | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| NAME: DUKE ATLANTIC BUSINESS CTR LAND, LLC | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| CONTACT PERSON: Alexxis Weiland | | | | | | | | |
| EXAMINER'S INITIALS: | | | | | | | | |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| ١. | Na | me of the limited liability company:DUKE ATLAN | TIC BUS | INESS CTF | R LAND, LLC | | | | |
|--------------------|------------------------|--|--|---|--|---|---|--|--|
| 2. | (a) . | 1800 Wazoo Street, Suite 500 | (| b) | | | | | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | | Denver, CO 80202 | | | | | | | |
| | | 12/16/2010 | | M1000000 | 05564 | | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document numb | er | | | |
| 5. | (a) | C T Corporation System | | | | | | | |
| J. | (1) | Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road | | | te: | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET | 'ADDRES | (S) | 2022 | | | | |
| | | Plantation , F | L_33324 |) | - - | | 2022 NOV 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | | | | | - | <u></u> | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registere | d Office a | ldress: | _ | | AH 8: | U | |
| | | Corporation Service Company | | | | , , , , , | ယ | | |
| | | NEW Registered Office Address: | | ··· | _ | | | | |
| | | 1201 Hays Street | | | | | | | |
| | | Tallahassee, F | L | <u> </u> | _ | | | | |
| cha age wa | ange ent w s/we | mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e register ability co of the lir | ed office ar ompany, it i nited liabili | nd the business of is hereby confirm ty company or as | fice of the ed that the | e regist e chang | ered ge(s) | |
| /s | s/ M | ichael T. Blair | ir, Authorized Per | son | | | | | |
| S | ignat | ure of a member or authorized representative of a member | | | Printed or typed na | me of signe | c | | |
| pro the to t | ovisio obli mere | y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I | ree to ac perform d for in hereby c | t in this cap ance of my Chapter 60: onfirm that | acity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili | gree to co familiar w documen ty compa | mply v vith and t is bein ny has | vith the d accept ng filed been | |
| noi | ifica | | | rporation Service Company | | | | | |
| Sig | gnatur | e of Registered Agent | Ami M. | Casper, As | st. Vice Preside | nt | | | |