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(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 116891 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 7, 2022

ORDER TIME : 1:17 PM

ORDER NO. : 116891-055

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: DUKE REALTY TURNPIKE CROSSING

4 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.

. Na	me of the limited liability company: DUKE REALTY	TURNPI	KE CROSSING 4 LLC
(a)	1800 Wazoo Street, Suite 500	(b)	
, (u)	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	<u> </u>	
	03/22/2019	N	119000002837
. (a)	Date of filing/registration in Florida C T Corporation System	4.	Document number
(4)	Registered Agent and Registered Office shown on the records of a 1200 South Pine Island Road	the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	Plantation , FL	33324	DOZZ NOV
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	2022 NOV 15 PH 12: 53
	Corporation Service Company		
	NEW Registered Office Address: 1201 Hays Street		_ _
	Tallahassee, FL	32301	
ange ent was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the S registered bility com f the limit	office and the business office of the registered upany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
s/ Mi	ichael T. Blair	Micha	eel T. Blair, Authorized Person
Signat hereb ovisio e obli mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	perjorman I for in Ch ereby con orporatio	Printed or typed name of signee If this capacity. I further agree to comply with the Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with an accept Ice of my duties, and I am familiar with a seen Ice of my duties of my duties of my duties of my duties of my duties. Ice of my duties of my duties. Ice of my duties, and I am familiar with the my duties of my duties of my duties. Ice of my duties, and I am familiar with the my duties of my duties of my duties of my duties. Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with and accept Ice of my duties, and I am familiar with an accept Ice of my duties, and I am familiar with a accept Ice of my duties, and I am familiar with a accept Ice of my duties of my d