I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T. BLAIR

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M0200003089

Entity Name: AMB CODINA BEACON LAKES, LLC

Current Principal Place of Business:

PIER ONE, BAY ONE SAN FRANCISCO, CA 94111

Current Mailing Address:

ATTN: LEGAL DEPT., 4545 AIRPORT WAY **DENVER. CO 80239**

FEI Number: 68-0530000

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	AMB/IMDH BEACON LAKES, LLC	Name	IMD HOLDING CORPORATION
Address	PIER ONE, BAY ONE	Address	PIER ONE, BAY ONE
City-State-Zip:	SAN FRANCISCO CA 94111	City-State-Zip:	SAN FRANCISCO CA 94111

ASSISTANT SECRETARY	02/25/2015

Date

Date

FILED Feb 25, 2015 Secretary of State CC3524186207