## M04000003326

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O6 NOV 20 AM II: 36 SECREJANI VI SIATE TALLAHASSEE, FLORIDA

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## 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. The name of the limite	ed liability cor	mpany is: NNN Rese	rve At Maitland 2	23, LLC	
2. The mailing address o					
1551 N Tustin Avenue, Suit	e 200, ATTN:	Entity Compliance Manag	ger, Santa Ana, CA	92705	
8/16/2004			M04000003326		
3. Date of filing/registrat	ion in Florida	<u> </u>	4. Document num	ber	
5. The name of the register Florida Department of	ered agent and State:	d the registered office a	ddress as shown or	n the records of the	
	Corporation S	Service Company			
		Name			
	1201 Hays S			<b>—</b> . <b>—</b>	
		Address		SEC AL	
Tallahassee, FL 32301 City, State and Zip			ER OF		
				20 Z	
6. The name and address of the new registered agent and/or office:			FILED  06 NOV 20 AM II: 37  SECRETARIA SEE, FLORIGATION		
NRAI Services, Inc.					
		Name		95≥ <b>∴</b>	
	2731 Executiv	ve Park Drive, Suite 4			
	Florida stre	eet address (P.O. Box N	OT acceptable)	•	
		•			
	Weston	FL 33331			
		City, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limi	hange or chan the registered reby confirmed a liability cor of the limited	nges are made, the Flori d agent will be identical ed that the change(s) wa mpany or as otherwise p liability company.	da street address on the case of the case	of the registered office of a Florida limited by an affirmative vote of	
Paul J. Hagan, attorney-in-	act				
(Printed or typed name of signee)	)				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, Inc.	intment as res is of all statut d accept the a this document that the limit	gistered agent and agre les relative to the prope obligations of my positi t is being filed to merel ted liability company ho	re to act in this cap r and complete pe on as registered a y reflect a change as been notified in	vacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent) Paul J. Hagan, Assistant S	ecretary				
Divisio	on of Corpora	ations, P.O. Box 6327,	Tallahassee, FL	32314	

**FILING FEE: \$25.00**