## M-0600000 5757

(R	equestor's Name)	
(A	ddress) <sub>.</sub>	
(A	ddress)	
(C	ity/State/Zip/Phone #/	)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	***************************************
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SECRETARY OF STATE

NOV 20 PM 3: 56

## 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 limit	ed liability company is	S: NNN DCF C	ampus 21, LLC	<u> </u>
2. The mailing address of				,
1551 N Tustin Avenue, Sui	ite 200, ATTN: Entity Co	mpliance Manager	r, Santa Ana, CA	92705
10/18/2006		M	M0600005757	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the regist Florida Department of		istered office add	lress as shown or	n the records of the
	Corporation Service C	Company		
		Name		7.0 8
	1201 Hays Street			是第 舌
		Address		語光型
Tallahassee, FL 32301			瑟 20 后	
City, State and Zip			節のコ	
6. The name and address of the new registered agent and/or office:		ce:	PILED  06 NOV 20 PM 3: 5: SECRETARY OF STATEMENT FLORE FALL AHASSEE. FLORE FLORE FALL AHASSEE. FLORE	
	NRAI Services, Inc.			夏市 の
	2731 Executive Park D	Name Prive. Suite 4		
	Florida street addre		T acceptable)	
	Weston	FI 33331	•	
		State and Zip		
If the limited liability corconfirmed 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 limited that the limited that the limited liability corconfirmed that the limited liability corconfirmed that after the confirmed that the limited liability correctly and the limited liability correctly liability company, it is held that after the correctly liability company, it is held that the limited liability company is liability company.	mpany is not organized change or changes are referenced agent wereby confirmed that the diability company or of the limited liability of	I under the laws of made, the Florida will be identical. the change(s) was/or as otherwise processing the company.	street address o	of the registered office
Paul J. Hagan, attorney-in- (Printed or typed name of signee I hereby accept the appro- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services Inc.	fact e) pintment as registered i	agent and agree	to act in this cap and complete pe a as registered reflect a change been notified in	vacity. I further agree to rformance of my duties, gent as provided in in the registered office writing of this change.
(Signature of Registered Agent) Paul J. Hagan, Assistant S Division	Secretary on of Corporations P	P O Roy 6327 T	'allahassee FI	32314

**FILING FEE: \$25.00** 

INHS18(10/99)