## M06000005757

(Re	equestor'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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2018 DEC 30 AM 8: 54

JAN - 6 2013 T. HAMPTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: December 27, 2013

Order#: 922249-077

Re: NNN DCF CAMPUS 21, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Elizabeth Dawson

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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. Name of the limited liability company: NNN	DCF CAMPUS 21, LLC		
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	company: 750 B. Street, Suite 1220 San Diego, CA 92101		
(b) Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y: 750 B. Street, Suite 1220 San Diego, CA 92101		
10/18/2006  3. Date of filing/registration in Florida	M06000005757  4. Document number		
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:		
Registered Agent:	NRAI Services, Inc.		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and	d/or NEW Registered Office address:		
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRE)	1201 Hays Street		
that after the change or changes are made, the Flor office of the registered agent will be identical. Or,	ider the laws of the State of Florida, it is hereby confirmed ida street address of the registered office and the business in the case of a Florida limited liability company, it is norized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the		
Dona Priebe, Authorized Person  (Printed or typed name of signee)  I hereby accept the appointment as registered age comply with the provisions of all statutes relative to am familiar with and accept the obligations of my F.S. Or, if this document is being filed to merely reconfirm that the limited liadility company has been composited by:  By:  (Signature of Registered Agent)  Elizabeth A. Dawson, Asst. Vice President	ont and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, eflect a change in the registered office address, I hereby i notified in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			
77777			

INHS18 (05/08)