| FEI Number: 45-5620099 | | Certificate of Status Des | ired: No | |
|--|--|---------------------------|---------------|------------|
| Name and Address of Current Registered Agent: | | | | |
| AMBROSINO, TRACI L. 4280 PROFESSIONAL CENTER DR SUITE 100 PALM BEACH GARDENS, FL 33410 US | | | | |
| 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: | TRACI L. AMBROSINO | | | 01/20/2022 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGR | Title | MGR | |
| Name | AMBROSINO, TRACI L | Name | EFRON, NEIL C | |

Address

City-State-Zip:

Current Principal Place of Business: 4280 PROFESSIONAL CENTER DR SUITE 100 PALM BEACH GARDENS. FL 33410

Entity Name: NOBLE NET LEASE INVESTMENTS, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Mailing Address:

DOCUMENT# L12000077763

4280 PROFESSIONAL CENTER DR SUITE 100 PALM BEACH GARDENS. FL 33410

FEI Number: 45-5620099

Address

City-State-Zip:

Na

4280 PROFESSIONAL CENTER DR

PALM BEACH GARDENS FL 33410

SUITE 100

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: TRACI L. AMBROSINO

Electronic Signature of Signing Authorized Person(s) Detail

01/20/2022

FILED Jan 20, 2022 Secretary of State 8003010841CC

Cartificate of Status Desired: No

4280 PROFESSIONAL CENTER DR

PALM BEACH GARDENS FL 33410

SUITE 100

MANAGER

Date