

| (Requestor's Name)                      |                      |                |
|---|----------------------|----------------|
|   |                      |                |
| (Address)                               |                      |                |
|   |                      |                |
| (Address)                               |                      |                |
|   |                      |                |
| (Ci                                     | ty/State/Zip/Phone # | <del>*</del> ) |
| PICK-UP                                 | ☐ WAIT               | MAIL           |
|   |                      |                |
| (Business Entity Name)                  |                      |                |
|   |                      |                |
| (Document Number)                       |                      |                |
|   |                      |                |
| Certified Copies                        | _ Certificates of    | of Status      |
|   |                      |                |
| Special Instructions to Filing Officer: |                      |                |
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Office Use Only



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JUL 24 2017 S. YOUNG



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

B00-927-9800 B02-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa pitts@cscglobal.com

Date: July 18, 2017

Order#: 720715-041

Re: EXCHANGERIGHT NET LEASED PORTFOLIO 8 DST

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Marissa Rather-lopez c/o Corporation Service Company 251 Little Falls Drive 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 CORPORATIONS / Declaration 0+ Pursuant to the provisions of sections 607,0502, 517,0502, 607,1508, ar 617,1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida. Declaration of 1. The name of the c<del>orporation:</del> EXCHANGERIGHT NET LEASED PORTFOLIO 8 DST 251 S. Lako Ave., Suite 520, Pasadena, CA 91101 2. The principal office address: 3. The mailing address (if different): 251 S. Lake Ave., Suite 520, Pasadena, CA 91101 01/09/2015 D15000000002 4. Date of incorporation/qualification: Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (it changed): Corporation Service Company 1201 Hays Street P.O. Box NOT acceptable ₩. FL 32301 Tallahassec The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Jill Çilmi Authorized Person Printed or typed raime and title I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company Declaration of True? 07/18/2017. Bγ: Date If signing on behalf of an entity: Grace E. Kirby, Asst. Vice President Typed or Printed Name \* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)