0170000000006

(Requestor's Name)					
(Address)					
(Address)					
,					
(City (Chate City (Chang 49)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Eocument Number)					
Certified Copies Certificates of Status					
•					
Special Instructions to Filing Officer:					

Office Use Only



600301592346

07/20/17--01024--003 **35.00

COSTON OF SUBSTRACTION SE

153 02 2017 J NICKAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

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

Date: July 18, 2017

Order#: 720715-122

Re: EXCHANGERIGHT NET LEASED PORTFOLIO 16 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.

OUCA.XCOA



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS / Declaration of Trust-

Pursuant to the p	rovisions of sections 5 <u>07,0502, 617,0502</u>	, 607.1508, or 617.15	i08, Florida Statules, II	us
statement of cha	nge is submitted for a c orporatio n organic Declaration of The to change its registered office or register	ted under the laws of	the State of	
in order	to change its registered office or register	red agent, or both, in	the State of Florida.	
X Coff	PAULP 18 COLPORATION: EXCHANGERIGHT NET	 LEASED PORTFOLI	IO 16 DST	
1. The name of the	se corporation:	D 11 040 12	CA 01101	
2. The principal	office address: 200 S. Los Robles Avenue	e, Suite 210, Pasade	ma, CA 91101	
3. The mailing ac	Idress (if different):			
				
4. Date of incom	oration/qualification: 04/05/2017	Document numb	ber: D17000000016	
-, pac of moorp				
5. The name and	street address of the current registered ag	u }	free on the with the	
Florida,Depan	shent of state. (If resigned, effect resigned	ツ I		
	Paracorp Incorporated	<u> </u>		
	455 Office Division 1 of Floor	·		<u> </u>
	155 Office Plaza Drive, 1st Floor		-	
	Tallahassee	FL 323	3 01	THE THE
		1	<u> </u>	~
6. The name and	street address of the new registered agen	t (if changed) and /or	registered office	20
(if changed):				20 AM 10
	Corporation Service Company			7
				5 0
	1201 Hays Street		:	6 0
	P.O. Box NOT	•	204	
	Tallahassee	FL 320	301	
		11-tes afthe husina	ec office of its register	ed agent
The street addre	ss of its registered office and the street a	matess of the priside	33 OTHEC OF ITS TOSION	,
Euch chance up	e authorized by resolution duly adopted	by its board of direc	tors or by an officer so)
authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not with the corporation of the	ified in writing of the	e change.	
Ω.	· 2 Comi	Jili Cilmi	Author	ized Person
	e of an officer of director	Printed of t	yped name and title	
	a transfer and again and	l agree to act in this	capacity.	
ı juriner agree i	O comply with the providing with and are	cant the obligation	of my position as regis	tered
performance of	my annes, and I will fairmful mill will a	de abauma de dea es	iniciated affice addres	s, I
hereby confirm	s document is being filed merely to refle that the co rporation has been notified in n Service Company Decl <i>iurach</i> (m	of Trust	ge.	
		07/18/2017		
By: The	usture of Registered Agent		Date	
_				
It signing on be	haif of an entity:			
Grace E. Kirby,	Asst, Vice President			
T	ped 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)