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Charle	06 DEC -5 PM 4: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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Office Use Only

COVER LETTER

TO: Amendment Sec Division of Corp	ction porations		
SUBJECT:	TRIPLE NET PROPERTI	ES REA	LTY, INC.
	(Name of C	Corporatio	on)
DOCUMENT NUMBE	R:F03	0000005	508
The enclosed Statement	of Change of Registered Offic	e/Agent a	and fee are submitted for filing.
Please return all correspo	ondence concerning this matte	er to the fo	ollowing:
	2.1	7.5	
		y Keo	
	(Name of Co	ntact Per	son)
	Charles Baclet an	d Associ	ates, Inc.
	(Firm/C	ompany)	
	2030 Main Str	eet, Suit	e 1030
	(Add	dress)	
	Irvine, C		
	(City/State a	nd Zip Co	ode)
For further information of	concerning this matter, please	call:	
So	ophy Keo	at (800) 562-6439
(Name of	Contact Person)	at (800 562-6439 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depar	tment of	State.
	Mailing Address:		Street Address:
	Amendment Section Division of Corporations		Amendment Section
	P.O. Box 6327		Division of Corporations Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle
			Tallahassee, FL 32301

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TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a c	corporation organized	607.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	e of	Californ		
	-	-	NET PROPERTIES REA	-			
						-	
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification:	1/31/2003	Document number:	F03	00000	0508	
5. The name and			t and registered office on fil				
	Lexi	sNexis Document	Solutions, Inc.				
		1201 Hays St	treet				
		Tallahassee, FL	32301		TAL	90	
6. The name and (if changed):	street address of the no		f changed) and /or registere	d office	CRETAR LAHASS	DEC -5	- Creation
		NRAI Services	s, Inc.		EE OF	PH	
	273	1 Executive Park l	Drive, Suite 4		STAT	#:-	-
	(P.C	O. Box NOT acceptable) Weston, FL 3			A DE	6	
The street addre	ss of its registered offi be identical.		dress of the business office	of its re	gistered	l agent	t,
_			y its board of directors or bed in writing of the change				
(Signatu	re of an officer or director)		Paul J. Hagan, Assi	stant Sec	cretary		
I hereby accept I further agree to of my duties, an document is bei	the appointment as re	visions of all statute nd accept the obliga ect a change in the r	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, T	d complet stered ag hereby co	te perfo zent. O onfirm i	rmand r, if th that th	ce is e
(Sig	nature of Registered Agent)		(Date)	,,,,,			
If signing on be	half of an entity: For	National Registered A	gents, Inc.				
Paul J. H	agan, Assistant Secr	etary					
	yped or Printed Name)	 					

* * * FILING FEE: \$35.00 * * *