

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
NNN EQUITY VENTURES HARRISON CROSSING, INC.

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|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 02 |
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
 FOR CORPORATIONS**

1. The name of the corporation is: NNN Equity Ventures Harrison Crossing, Inc.
2. The principal office address: 450 SOUTH ORANGE AVENUE SUITE 900
ORLANDO FL 32801
3. The mailing address (if different): 450 SOUTH ORANGE AVENUE SUITE 900
ORLANDO FL 32801
4. Date of incorporation/qualification: 9/8/2006 Document Number: F06000005807
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

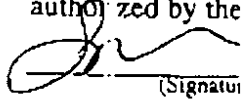
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
Plantation FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
 (P.O. Box Not acceptable)
Palm Beach Gardens FL 33410

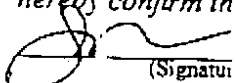
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

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.


 (Signature of an officer or director)

by Savannah Montalban as Attorney-in-Fact
 (Printed or Typed name 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.


 (Signature of Registered Agent)

7/11/17
 (Date)

If signing on behalf of an entity:

Savannah Montalban, Special Secretary
 (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc.
 11380 Prosperity Farms Road #221E
 Palm Beach Gardens FL 33410
 (561) 694-8107