MON0000 3335

equestor's Name)	
ldress)	
dress)	
ty/State/Zip/Phone	e #)
WAIT	. MAIL
isiness Entity Nan	ne)
ocument Number)	
_ Certificates	of Status
Filing Officer:	
	,
	idress) cy/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates





500081936205

11/20/06--01044--003

**25<u>0</u>,00

SECRETARY OF STATE SOLVEN OF CORPORATION

W.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is:	Triple Net Properties, LLC	
2. The mailing address of	f the limited liability co	ompany is :	
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Con	npliance Manager, Santa Ana, CA	92705
11/5/2002		M02000003335	
3. Date of filing/registration in Florida 4. Document number		ber	
5. The name of the register Florida Department of		stered office address as shown or	the records of the
•	Corporation Service Co	ompany	
		Name	201 DIV
	1201 Hays Street		SE VISE
	•	Address	NO.
	Tallahassee, FL 32301	1	FILE SECRETARY IVISION OF CO 2006 NOV 20
		State and Zip	
6. The name and address	of the new registered a	gent and/or office:	OF STATE OF
	NRAI Services, Inc.		— 3714
	2731 Executive Park Dr	Name rive, Suite 4	- 3
		s (P.O. Box NOT acceptable)	
		•	
	Weston	FL 33331	
	City, S	State and Zip	
confirmed that after the c and the business office of liability company it is be	hange or changes are meaning the registered agent wereby confirmed that the diability company or of the limited liability company.	under the laws of the State of Floade, the Florida street address of ill be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the articompany.	f the registered office of a Florida limited by an affirmative vote of
Paul J. Hagan, attorney-in- (Printed or typed name of signee)		
VALLE VALLE	intment as registered a is of all statutes relatived ad accept the obligation this document is being i that the limited liabili	gent and agree to act in this cap be to the proper and complete per is of my position as registered as filed to merely reflect a change i ty company has been notified in	acity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) Paul J. Hagan. Assistant S Divisi	ecretary on of Corporations, P	O. Box 6327, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)