## M03000000534

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

Office Use Only



300081936063

11/20/06--01044--002 \*\*250.00

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

Púrsuant 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 li	mited liability compa	any is: NNN Buse	chwood 3, LLC		
2. The mailing address					
1551 N Tustin Avenue,	Suite 200, ATTN: Ent	ity Compliance Mana	ger, Santa Ana, CA 92	705	
2/12/2003			M03000000534		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the reg Florida Department		ne registered office	address as shown on th		
1	LexisNexis Docu	ument Solutions		SECRETARY DIVISION OF CO 2006 NOV 20	
		Name		Sio-R	
	1201 Hays Stree	et		N SF	
	· · · · · · · · · · · · · · · · · · ·	Address		<b>6</b> 62 6	
	Tallahassee, FL			유유	
	•	City, State and Zi	p	RATA	
6. The name and addr	ess of the new regist	tered agent and/or o	office:	TATE RATIONS	
	NRAI Services, I	lnc.			
	2731 Executive F	Name Park Drive, Suite 4			
		address (P.O. Box l	NOT acceptable)		
	Weston	FI 33331			
		City, State and Zip	_		
confirmed that after the	ne change or changes the of the registered as the shereby confirmed to the shereby confirmed to the limited liab	s are made, the Flor gent will be identice that the change(s) we any or as otherwise bility company.	vs of the State of Flori rida street address of thal. Or, in the case of a vas/were authorized by provided in the article	he registered office	
Paul J. Hagan, attorney	'				
(Printed or typed name of si	gnee)				
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby con MRAI Services. Inc. VALL A. L.	sions of all statutes hand accept the oblicing if this document is firm that the limited ent)	tered agent and agr relative to the prop igations of my posit being filed to mere liability company l	ree to act in this capac er and complete perfo tion as registered ager ly reflect a change in t ias been notified in wr	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.	
		one PA Roy 632	7 Tollohossee FI 32	2314	

**FILING FEE: \$25.00** 

INH\$18(10/99)