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SECRETARY OF STATE DIVISION OF CORPORATION



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

P_u^f rsuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the unders liability company submits the following statement in order to change its registered office agent, or both, in the State of Florida.	igned limited or registered
1. The name of the limited liability company is: NNN Buschwood 7, LLC	
2. The mailing address of the limited liability company is:	
1551 N Tustin Avenue, Suite 200, ATTN: Entity Compliance Manager, Santa Ana, CA 92705	
2/26/2003 M03000000679	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State:	s of the
LexisNexis Document Solutions	
Name	
1201 Hays Street	A
Address	
Tallahassee, FL 32301 City, State and Zip	200 SIVIO SE SE
6. The name and address of the new registered agent and/or office:	SECRETARY DIVISION OF CO
NRAI Services, Inc.	173 Cm
Name 2731 Executive Park Drive, Suite 4	PN 4: 10
Florida street address (P.O. Box NOT acceptable)	10 ONS
Weston FL 33331	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm the members of the limited liability company or as otherwise provided in the articles of organ the operating agreement of the limited liability company. (Signalure of a member or authorized representative of a member)	red office limited native vote of
Paul J. Hagan, attorney-in-fact	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I furt comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as providing the completer 508, F.S. Or, if this document is being filed to merely reflect a change in the regist address, I hereby confirm that the limited liability company has been notified in writing of the NBAI Services. Inc. (\$ignature of Registered Agent)	her agree to of my duties, vided for in ered office his change.
Paul J. Hagan. Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	•

FILING FEE: \$25.00

INHS18(10/99)