## MO300001538

| (Requestor's Name)                      |                 |      |  |  |  |
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| (Address)                               |                 |      |  |  |  |
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| (Address)                               |                 |      |  |  |  |
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| (City/State/Zip/Phone #)                |                 |      |  |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL |  |  |  |
|   |                 |      |  |  |  |
| (Business Entity Name)                  |                 |      |  |  |  |
| •                                       | ·               | ·    |  |  |  |
|   | ocument Number) |      |  |  |  |
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| Certified Copies Certificates of Status |                 |      |  |  |  |
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| Special Instructions to                 | Filing Officer: |      |  |  |  |
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## 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 limit   | ted liability compa   | any is: NNN Netpa  | rk 10, LLC   |   |
|--|---|--|--|---|
| 2. The mailing address of  |   |  |  |   |
| 1551 N Tustin Avenue, Su   |   |  | er Santa Ana CA  | 92705   |
| 1951 14 Tustiil Avenue, 50   | ile 200, ATTN. Litti  | ity Compilarice Manage   | n, Ganta Ana, GA   | 92703   |
| 5/14/2003  |   | M03000001538   |  |   |
| 3. Date of filing/registra   | ition in Florida  | 4  | . Document num   | ber   |
| 5. The name of the regis<br>Florida Department of  |   | e registered office ad   | dress as shown o   | n the records of the  |
| •  | LexisNexis Docu   | ument Solutions  |  |   |
|  | •   | Name   |  |   |
|  | 1201 Hays Stree   |  |  | ,   |
|  | Tallahaasaa El  | Address  |  |   |
|  | Tallahassee, FL   | City, State and Zip  | · · · · · · · · · · · · · · · · · · ·                          |   |
| 6. The name and address  | s of the new regist   | 1  | ica:   |   |
| o. The name and address  | of the new legist   | icieu agent and/or ort   | icc.   | 200 DIV   |
|  | NRAI Services, Inc.   |  |  |   |
|  | 0704 5 11 5   | Name   |  | SECRETARY<br>DIVISION OF C  |
|  |   | Park Drive, Suite 4  | <u> </u>   | 0 S   |
|  | Florida street a  | address (P.O. Box No   | JT acceptable)   | <b>2</b> 790  |
|  | Weston  | FL 33331   |  | D<br>OF STATE<br>REDRATION<br>PM 1: 01  |
|  |   | City, State and Zip  |  | <b>6</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| If the limited liability co confirmed that after the and the business office cliability company, it is he members of the limit the operating agreement (Signature of Imember or author)  | change or changes of the registered as ereby confirmed t ted liability compa of the limited liab          | s are made, the Florid gent will be identical. that the change(s) was any or as otherwise publity company.   | la street address of<br>Or, in the case of<br>Nwere authorized | of the registered office<br>of a Florida limited<br>I by an affirmative vote of   |
| Paul J. Hagan, attorney-in<br>(Printed or typed name of signe  |   |  |  |   |
| I hereby accept the app<br>comply with the provision<br>and I am familiar with a<br>Chapter 608, F.S. Or, is<br>address, I hereby confirm<br>NRAI Services, Inc.<br>(Signature of Registered/Agent<br>Paul J. Hagan, Assistant | ointment as regist<br>ons of all statutes and accept the obli<br>f this document is<br>m that the limited | tered agent and agree<br>relative to the proper<br>igations of my position<br>being filed to merely<br>liability company ha<br>ons, P.O. Box 6327, |  | pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change. |

INHS18(10/99) FILING FEE: \$25.00