## M030000 1551

(Re	equestor's Name)	
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DIVISION OF CORPURATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



## \*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 compa	any is: NNN Netpa	ark 16, LLC		
2. The mailing address of					<u></u> .
1551 N Tustin Avenue, Suit	e 200, ATTN: Entit	ty Compliance Manag	ger, Santa Ana, CA 🥸	92705	
5/14/2003	•		M03000001551		
3. Date of filing/registrat	ion in Florida	<del></del>	4. Document numb	er	
5. The name of the register Florida Department of		e registered office a	ddress as shown on	the records of	the
-	LexisNexis Docu				
		Name			
	1201 Hays Stree	Address		23	010
	Tallahassee, FL			<b>E</b>	/ISIC
City, State and Zip		)	<b>V</b>	XR OT→	
6. The name and address	of the new registe	ered agent and/or of	fice:	2006 NOV 20	F CC
				2	중유년
	NRAI Services, Ir			<u> </u>	S IA
	2731 Executive P	Name Park Drive, Suite 4		f: 09	STATE
	Florida street a	address (P.O. Box N	OT acceptable)		
	Weston	FI 33331			
	(	City, State and Zip	_		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of Signature of a member of author	hange or changes the registered ag reby confirmed the ed liability compa of the limited liab	s are made, the Flori gent will be identica hat the change(s) wa any or as otherwise poility company.	da street address of	f the registered	office ted
Paul J. Hagan, attorney-in- (Printed or typed name of signee					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc.  (Signature of Registered Agen) Paul J. Hagan. Assistant's Division	ecretary	ered agent and agre relative to the prope igations of my positi being filed to merel liability company hi			agree to y duties, d for in d office change.

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