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SECRETANT OF STATE
TAIL AHASSEE, FLORIDA

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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 limited liability compan	y is: NNN Lakeside Tech 8, LLC	
2. The mailing address of the limited liabili		
1551 N Tustin Avenue, Suite 200, ATTN: Entity	Compliance Manager, Santa Ana, CA 92705	
2/5/2004	M0400000490	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the	
Corporation Service	ce Company	
**************************************	Name	
1201 Hays Street		
	Address	
Tallahassee, FL 32301		
City, State and Zip		
A City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable)		
NRAI Services, Inc	PET	
	Name	
2731 Executive Park Drive, Suite 4		
Florida street ad	Idress (P.O. Box NOT acceptable)	
Weston	FL 33331	
C	ity, State and Zip	
confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed that	ized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office nt will be identical. Or, in the case of a Florida limited at the change(s) was/were authorized by an affirmative vote of y or as otherwise provided in the articles of organization or lity company.	
Paul J. Hagan, attorney-in-fact (Printed or typed name of signee)		
comply with the provisions of all statutes re and I am familiar with and accept the oblige Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited line of the confirmation of	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office ability company has been notified in writing of this change. 15. P.O. Box 6327. Tallahassee. FL 32314	

FILING FEE: \$25.00

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