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06 NOV 20 PH 3: 22

SECRETART OF STATE
TALLAHASSEE FLORIDA

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.

g ,	<i>y</i>		
1. The name of the limit	ted liability comp	pany is: NNN Lakeside Ted	ch 17, LLC
2. The mailing address of	of the limited lia	bility company is:	
1551 N Tustin Avenue, Su	ite 200, ATTN: En	ntity Compliance Manager, Santa	Ana, CA 92705
2/5/2004		M040000	00498
3. Date of filing/registration in Florida 4. D		4. Docum	nent number
5. The name of the regis Florida Department of		he registered office address as	shown on the records of the
-	Corporation Se	rvice Company	
		Name	
	1201 Hays Stre	eet	
		Address	98 AL
	Tallahassee, Fl		F.S. S.
		City, State and Zip	ALL V
6. The name and address	s of the new regis	stered agent and/or office:	FILED 06 NOV 20 PH 3: 22 SECKLIANT OF STATE TALLAHASSEE, FLORIDA
	NRAI Services,	Inc.	
		Name	3: 22
	2731 Executive	Park Drive, Suite 4	
	Florida street	address (P.O. Box NOT acce	ptable)
	Weston	FL 33331	
		City, State and Zip	
confirmed that after the and the business office of liability company, it is here.	change or change of the registered a ereby confirmed ted liability compof the limited liability compof the limited liability.	agent will be identical. Or, in that the change(s) was/were a pany or as otherwise provided ability company.	address of the registered office
Paul J. Hagan, attorney-in	-fact		
(Printed or typed name of signe			
I hereby accept the approximate comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirmal Services, Inc.	ons of all statutes and accept the ob- f this document is the thing that the limited	stered agent and agree to act is relative to the proper and co ligations of my position as res s being filed to merely reflect is d liability company has been n	In this capacity. I further agree to implete performance of my duties, gistered agent as provided for in a change in the registered office otified in writing of this change.
Paul I Hagan Assistant			

FILING FEE: \$25.00

INHS18(10/99)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314