M0400003316

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(Add	dress)			
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(City/State/Zip/Phone #)				
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O6 NOV 20 AH IO: 56 SECRETARY OF STATE FALL AHASSEE FLORID

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	ed liability compan	y is: NNN Reserve At Maitland	13, LLC
2. The mailing address o	f the limited liabili	ity company is :	
1551 N Tustin Avenue, Sui	te 200, ATTN: Entity	Compliance Manager, Santa Ana, CA	92705
0/16/0004		M0400003316	
3. Date of filing/registrat	tion in Florida	4. Document nur	nber
5. The name of the registresistance of the registresis		registered office address as shown	on the records of the
·	Corporation Service	ce Company	
		Name	,
	1201 Hays Street	•	
Address			
•	Tallahassee, FL 3		O S TAI
		City, State and Zip	O6 N
6. The name and address	of the new register	red agent and/or office:	NOV 20 CRETARY LAHASSI
NRAI Services, Inc.		(1)	
		Name	AHIO: OF STA
2731 Executive Park Drive, Suite 4			
	Florida street ad	ldress (P.O. Box NOT acceptable)	S6
	Weston	FL 33331	
	C	ity, State and Zip	
confirmed 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 or author Paul J. Hagan, attorney-in-Printed or typed name of signee	thange or changes as the registered age creby confirmed that dead liability companion the limited liability rized representative of a fact	member)	of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
and I am familiar with an Chapter 608, F.S. Or, if address. I hereby confirm NRAI Services. Inc.	nd accept the oblige this document is but that the limited li	red agent and agree to act in this collative to the proper and complete pations of my position as registered eing filed to merely reflect a change ability company has been notified in	erjornance of my duites, agent as provided for in in the registered office n writing of this change.
(Signature of Registered Agent)			
Paul J. Hagan, Assistant S Divisi	ecretary on of Corporation	ıs, P.O. Box 6327, Tallahassee, FI	32314

FILING FEE: \$25.00

INHS18(10/99)