## M04000003318

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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06 NOV 20 AM 10: 53 SECRETARY 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.

1. The name of the limited	liability company is:	NNN Reserve At Maitland	15, LLC		
2. The mailing address of the	he limited liability co	mpany is :			
1551 N Tustin Avenue, Suite	200, ATTN: Entity Com	pliance Manager, Santa Ana, CA	92705		
0/4.0/0004		M0400000218			
8/16/2004	M04000003318				
3. Date of filing/registration	n in Florida	4. Document nu	mber		
5. The name of the registere Florida Department of St		tered office address as shown	on the record	s of th	ne
	Corporation Service Co	mpany			
_	·	Name	-		
1	1201 Hays Street				
<del>-</del>		Address	•		
	Tallahassee, FL 32301		SE SE	90	
	City,	State and Zip	CS A	2	8
6. The name and address of the new registered agent and/or office:				06 NOV 20	(TITES)
٨	IRAI Services, Inc.		SECRETARY OF STATE ALLAHASSEF FLORIDA		
-	1	Name	L C)	AM 10: 5:	- √ 1 
2	731 Executive Park Dri		SEA	ب	710
_	Florida street address	s (P.O. Box NOT acceptable)	IDA IDA	သိ	
<u>v</u>	Veston	FL 33331	_		
	City, S	tate and Zip			
confirmed that after the cha and the business office of th	nge or changes are more registered agent with by confirmed that the liability company or a the limited liability company		of the registe of a Florida	ered of limite	ffice d
Boul I Hagan atterney in fee	.4				
Paul J. Hagan, attorney-in-fac (Printed or typed name of signee)	и				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the NRAI Semices, inc.	tment as registered as of all statutes relative accept the obligation is document is being that the limited liability.	gent and agree to act in this ca to the proper and complete p s of my position as registered iled to merely reflect a chang y company has been notified i	ipacity. I fur erformance o agent as prove in the regist n writing of t	ther a of my d ided j tered d his ch	gree to duties, for in office ange.

Paul J. Hagan. Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**