. D.

MO400000 3398

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------------|--|--|--|
| (Ad | dress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | ; #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



200080285892

11/20/06--01035--002 **250.00

2006 HOV 20 PH 3: 07
SECRETARY OF STATE
SECRETARY OF STATE



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 com | pany is: NNN Four | ntain Square, LLC | > | |
|--|---|---|---|---|---|
| 2. The mailing address o | | | | | |
| 1551 N Tustin Avenue, Suit | te 200, ATTN: Er | ntity Compliance Mana | ger, Santa Ana, CA | 92705 | |
| 8/19/2004 | | | M04000003398 | | |
| 3. Date of filing/registrat | ion in Florida | | 4. Document num | lber | |
| 5. The name of the registor Florida Department of | | the registered office | address as shown o | n the records of the | he |
| • | Corporation Se | ervice Company | | | |
| | | Name | _ | | |
| | 1201 Hays Stre | | | | |
| Address | | | 2006 SE | | |
| Tallahassee, FL 32301 City, State and Zip | | | 2006 NOV 20 SECRETAR TALLAHASS | | |
| | | City, State and Zi | þ | | Contracts Contracts |
| 6. The name and address | of the new regi | istered agent and/or o | office: | L13< | m |
| | NRAI Services, | , Inc. | | PM 3: 07 OF STATE E, FLORID! | |
| | | Name | | 3: (0R | -4.,- |
| | | Park Drive, Suite 4 | | | |
| | Florida stree | et address (P.O. Box l | NOT acceptable) | | |
| | Weston | FL 33331 | | | |
| | | City, State and Zip | | | |
| If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limi | change or change of the registered creby confirmed ed liability compof the limited li | ges are made, the Floragent will be identically that the change(s) was otherwise lability company. | rida street address on al. Or, in the case of as/were authorized | of the registered of of a Florida limite I by an affirmative | office ed e vote of |
| Paul J. Hagan, attorney-in- | fact | | | | |
| (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 Registeded Agent) | | istered agent and agr is relative to the prop bligations of my posi is being filed to mere ed liability company l | ree to act in this caper and complete per tion as registered a ly reflect a change as been notified in | pacity. I further a prformance of my igent as provided in the registered writing of this cl | igree to duties, for in office iange. |

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

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