## M050000 1014

(Re	equestor's Name)		
(Ad	dress)	······································	
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	Office Use Onl		
	Onice Use Offi	y , <b>NII (X</b> )	



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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 lia	ability company is: NNN 200	2 Value Fund, LLC
	limited liability company is:	
1551 N Tustin Avenue, Suite 20	0, ATTN: Entity Compliance Man	ager, Santa Ana, CA 92705
2/25/2005		M05000001014
3. Date of filing/registration	in Florida	4. Document number
5. The name of the registered Florida Department of State		address as shown on the records of the
·	rporation Service Company	
_	Name	
120	01 Hays Street	1.C. 6 A
	Address	O6 NOV 20 SECRETARY FALLAHASSER
Ta	llahassee, FL 32301	ASS H
<del></del>	City, State and Z	ARY OF SSEE. F
6. The name and address of the new registered agent and/or office:		
. NR	Al Services, Inc.	
273	Name 1 Executive Park Drive, Suite 4	
F	orida street address (P.O. Box	NOT acceptable)
We	ston FL 3333	l
	City, State and Zip	)
confirmed that after the chang and the business office of the liability company, it is bereby	ge or changes are made, the Floregistered agent will be identice confirmed that the change(s) with the change company or as otherwise e limited liability company.	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or
Paul J. Hagan, attorney-in-fact (Printed or typed name of signee)  I hereby accept the appointm	ent as registered agent and ag	ree to act in this capacity. I further agree to
comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm that NRAI Services inc.	all statutes relative to the projecept the obligations of my post document is being filed to mer to the limited liability company	per and in miss capacity. I while the per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Paul J. Hagan, Assistant Secret Division of	tary f Corporations, P.O. Box 632	7, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)