M05000003023

(1	Requestor's Name)				
(,	Address)				
	Address)				
(0	City/State/Zip/Phone #)	······			
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

A BRYARE HER O'T DOGS

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 company is:	NNN Naples Lau	urel Oak 13, LLC	
2. The mailing address of				,
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Com	pliance Manager, Sar	nta Ana, CA 92705	
6/6/2005		M0500	00003023	
3. Date of filing/registrat	ion in Florida	4. Doc	cument number	
5. The name of the register Florida Department of		tered office address	as shown on the record	ls of the
•	Corporation Service Co	mpany		
		Name		
	1201 Hays Street			
		Address		96 I
Tallahassee, FL 32301				SEC
City, State and Zip			DN SET	
6. The name and address of the new registered agent and/or office:			SECRETARY OF COR	
NRAI Services, Inc.			OF STATE OR STRONG OR STATE OR	
Name			9 24	
	2731 Executive Park Drive, Suite 4			5 8 6
	Florida street address	s (P.O. Box NOT ac	cceptable)	C/S
	Weston	FL 33331	- 4 	•
	City, S	tate and Zip		
If the limited liability come confirmed that after the cleand the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company of the limited liability company of the limited liability company of the limited liability company.	hange or changes are mention the registered agent with reby confirmed that the ed liability company or the limited liability company	ade, the Florida stre II be identical. Or, i change(s) was/were as otherwise provide ompany.	eet address of the registe in the case of a Florida e authorized by an affin	ered office limited mative vote of
Paul J. Hagan, attorney-in-f				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm NFM Services in		gent and agree to ac e to the proper and c s of my position as r filed to merely reflec y company has been	ct in this capacity. I fur complete performance of registered agent as pro- ct a change in the regis n notified in writing of t	ther agree to of my duties, vided for in tered office his change.
(Situature of Registered Agent) Paul J. Hagan, Assistant Se Divisio	ecretary on of Corporations, P.	O. Box 6327, Tallal	hassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)