M0500004580

(Re	questor's Name)			
(Address)				
(Address)				
(City	y/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	s Certificates of Status			
Special Instructions to Filing Officer:				

 \widehat{H}^{\prime}

Office Use Only





200081935732

11/20/06--01042--003 **250.00



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 Netpark II, LLC	
2. The mailing address of	f the limited liability co	mpany is :	
1551 N Tustin Avenue, Suit	te 200, ATTN: Entity Com	pliance Manager, Santa An	a, CA 92705
8/17/2005		M050000045	80
3. Date of filing/registration in Florida 4. Document num			
5. The name of the register Florida Department of		tered office address as sho	own on the records of the
•	Corporation Service Co	mpany	
		Name	
	1201 Hays Street		
		Address	
Tallahassee, FL 32301		O6 N	
City, State and Zip		NOV LAHA	
6. The name and address of the new registered agent and/or office:		ARY ASSET	
NRAI Services, Inc.			
Name 2731 Executive Park Drive, Suite 4		AH II: 20 OF STATE FLORIDA	
	Florida street address	(P.O. Box NOT accepta	
	Weston	FL 33331	
	City, S	tate and Zip	
and the business office of liability company, it is he the members of the limite the operating agreement of the limite that the operating agreement of the limite that the operating agreement of the limite that the operation of the limite that the operation of the limite that the limite	hange or changes are me the registered agent will reby confirmed that the ed liability company or a fifth the limited liability company.	ade, the Florida street add ll be identical. Or, in the change(s) was/were auth as otherwise provided in to ompany.	lress of the registered office
(Signature of a fadmber or author	rized representative of a membe	r)	
Paul J. Hagan, attorney-in-1 (Printed or typed name of signee)			
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm WALL Services Inc.	ns of all statutes relative and accept the obligation this document is being for that the limited liability ecretary	gent and agree to act in the to the proper and comples of my position as registated to merely reflect a cly company has been notif	nis capacity. I further agree to ete performance of my duties, ered agent as provided for in lange in the registered office ied in writing of this change.

FILING FEE: \$25.00

INHS18(10/99)