05000005157

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		İ		

Office Use Only



400081935714

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 limit	ed liability compar	y is: NNN Netpark II 8, LLC	
2. The mailing address o			·
1551 N Tustin Avenue, Sui	te 200, ATTN: Entity	Compliance Manager, Santa Ana, CA	92705
9/19/2005		M05000005157	
3. Date of filing/registration in Florida 4. Document num		nber	
5. The name of the registrical Department of		registered office address as shown of	on the records of the
•	Corporation Service	ce Company	
		Name	
	1201 Hays Street		
		Address	
	Tallahassee, FL 3		
	,	City, State and Zip	
6. The name and address of the new registered agent and/or office:			O6 NOV 20 SECRETARY
	NRAI Services, Inc	.	HAT OF THE
	2731 Executive Pa	Name rk Drive, Suite 4	20 I
Florida street address (P.O. Box NOT acceptable)			
	Weston	FL 33331	AHII: 23
		ity, State and Zip	Þ''' ω
confirmed that after the c	thange or changes at the registered age treby confirmed that ed liability compan of the limited liabil	ized under the laws of the State of Fare made, the Florida street address int will be identical. Or, in the case at the change(s) was/were authorized or as otherwise provided in the arbity company.	of the registered office of a Florida limited
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. YUM July Confirm Signature of Registered Agent) Paul J. Hagan, Assistant S		red agent and agree to act in this ca lative to the proper and complete p ations of my position as registered a eing filed to merely reflect a change ability company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office a writing of this change.

Paul J. Hagan. Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00