M0500005159

(Requestor's Name)	
(Address)	—
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: December 27, 2013

Order#: 922250-235

Re: NNN NETPARK II 10, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Elizabeth Dawson

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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SEACTOR CARE

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. Name of the limited liability company: NNN NETP.	ARK II 10, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 750 B. Street, Suite 1220 San Diego, CA 92101	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	750 B. Street, Suite 1220 San Diego, CA 92101	
09/19/2005	M05000005159	2.
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dep	ot. of State: ω
Registered Agent:	NRAI Services, Inc.	<u> </u>
Registered Office Address:	1200 South Pine Island Roa Plantation, FL 33324	· · · · · · · · · · · · · · · · ·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address Corporation Service Compa	<u>s</u> :
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee	,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida structure of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered off case of a Florida limited liabili by an affirmative vote of the n	ice and the business ty company, it is nembers of the limited
Dona Priebe, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pan familiar with and accept the obligations of my position F.S. Or, if this document is being the to merely reflect a confirm that the limited liability company has been notification service Company By: (Signature of Registered Agent)	agree to act in this capacity. It agree to act in this capacity. It agrees and complete performant in as registered agent as providus change in the registered office ed in writing of this change.	further agree to ce of my duties, and I led for in Chapter 608, address, I hereby
Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Bo FILING FE		4

FILING FEE: \$25.00

INHS18 (05/08)