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CHARLES BACLET AND ASSOCIATES, INC.



INTEROFFICE MEMORANDUM

TO:

FLORIDA DIVISION OF CORPORATIONS

FROM:

SOPHY KEO, CHARLES BACLET AND ASSOCIATES

SUBJECT:

ATTACHED CHANGE OF AGENT FORMS

DATE:

11/18/2006

CC:

FILE

Please file the change of agent for the following entities. Also enclosed, please find the appropriate checks to cover each filing.

Please process as soon as possible and return a filed stamped copy of each filing with the enclosed self-raddressed Federal Express Packaging.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Sophy Kee-Enclosures NOV 20 PM 2: 4

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	ted liability compa	any is: NNN Doral Court 12, LLC
2. The mailing address	of the limited liab	ility company is:
1551 N Tustin Avenue, S	uite 200, ATTN: Ent	ity Compliance Manager, Santa Ana, CA 92705
11/1/2005		M05000006101
3. Date of filing/registr	ation in Florida	4. Document number
5. The name of the regis Florida Department of	stered agent and the of State:	e registered office address as shown on the records of the
·	Corporation Ser	vice Company
		Name 6
	1201 Hays Stree	et PEG 5
		Address Addre
	Tallahassee, FL	Address 32301 20 TECHNOLOGY
		City, State and Zip
6. The name and address of the new registered agent and/or office:		Name Address 32301 City, State and Zip ered agent and/or office:
	NRAI Services, I	nc.
		Name Park Drive, Suite 4 address (P.O. Box NOT acceptable)
	Weston	FL 33331
		City, State and Zip
confirmed that after the and the business office liability company, it is is the members of the limit the operating agreement of a member of authorizing agreement (Printed or typed name of signal I hereby accept the appropriate of the provision	change or changes of the registered as nereby confirmed to ted liability compa t of the limited liab corized representative of the confirment as regist cons of all statutes	
Signature of Registered Agent Paul J. Hagan, Assistant	Secretary	ons, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00