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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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 compan	y is: NNN Doral Cou	rt 17, LLC	
2. The mailing address of				
1551 N Tustin Avenue, Sui	te 200, ATTN: Entity	Compliance Manager, Sa	anta Ana, CA	92705
11/1/2005 M05000006106		00006106		
3. Date of filing/registra	tion in Florida	4. Do	ocument num	ber
5. The name of the regist Florida Department of		registered office address	s as shown or	the records of the
	Corporation Service	e Company		
		Name		
	1201 Hays Street			
		Address		
	Tallahassee, FL 3	2301		
		City, State and Zip		
6. The name and address	of the new register	ed agent and/or office:		-
	NRAI Services, Inc.)6 NO SECA ALLA
Name 2731 Executive Park Drive, Suite 4				FIL 06 NOV 20 SECRETARY IALLAHASSEL
	Florida street ad	dress (P.O. Box NOT a	cceptable)	
	Weston	FL 33331		2: 5 STATE ORIDJ
	Ci	ty, State and Zip		β ^m 55
If the limited liability conconfirmed that after the cand the business office o liability company, it is he the members of the limit the operating agreement of a member or authors.	change or changes a f the registered ager ereby confirmed that ed liability compant of the limited liabil	re made, the Florida str nt will be identical. Or, t the change(s) was/wer y or as otherwise provid- ity company.	eet address o in the case o	f the registered office
Paul J. Hagan, attorney-in-	fact			
(Printed or typed name of signee	·)			
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, life WM	pintment as register ns of all statutes re nd accept the oblige this document is be n that the limited lic	ed agent and agree to a lative to the proper and ations of my position as ing filed to merely refle ability company has bee	ect in this cap complete per registered as ect a change in en notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered Agent) Paul J. Hagan, Assistant S Divisi	ecretary on of Corporation	s, P.O. Box 6327, Talla	ahassee, FL	32314
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FILING FEE: \$25.00

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