## m05000006113

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300081938043

11/20/06--01046--004 \*\*250.00

FILED
06 NOV 20 AH 10: 52

## المهير الت

INHS18(10/99)

## 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	d liability compa	any is: NNN Dora	l Court 24, LLC	*
2. The mailing address of				
1551 N Tustin Avenue, Suite	e 200, ATTN: Enti	ty Compliance Mana	ger, Santa Ana, CA	92705 .
11/1/2005		M05000006113		
3. Date of filing/registration in Florida		<del></del>	4. Document number	
5. The name of the registe Florida Department of S		e registered office	address as shown or	the records of the
	Corporation Serv			
		Name		
	1201 Hays Stree	Address		FILED  06 NOV 20 AM 10: 52  SECREJANI U. SIATE TALLAHASSEE, FLORIDI
Address Fig. 22201				
Tallahassee, FL 32301 City, State and Zip  6. The name and address of the new registered agent and/or office:				
6. The name and address of	of the new regist.	ered agent and/or o	ffice:	SSE
o. The name and address of	of the new registr	cred agent and/or o	THEC.	
NRAI Services, Inc.				
		Name		공 구 구 구
		Park Drive, Suite 4	··	<i>V</i>
Florida street address (P.O. Box NOT acceptable)				
	Weston	FL 33331		
	(	City, State and Zip		
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company and the limited liability company and the limited liability company and the liability company and th	nange or changes the registered ag reby confirmed the d liability compa of the limited liab	s are made, the Florgent will be identicated that the change(s) wany or as otherwise bility company.	rida street address on the case of the cas	f the registered office f a Florida limited by an affirmative vote of
(Signature of a mention or authority	zed representative of	a member)		
Paul J. Hagan, attorney-in-fa (Printed or typed name of signee)				
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm NRAI Services, Inc.	ntment as registe s of all statutes r d accept the obli his document is that the limited	ered agent and agr relative to the prop igations of my posit being filed to mere liability company h	ee to act in this cap er and complete per ion as registered as ly reflect a change i as been 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 Se Divisio		ons, P.O. Box 6327	', Tallahassee, FL	32314

FILING FEE: \$25.00