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M05000006118

(Re	equestor's Name)					
(Address)						
(Ac	ldress)	4-11-1 -1-1-1				
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	ocument Number)					
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O6 NOV 20 AM II: 09
SECRETAIN OF STATE
TALL AHASSEE FLORIDA

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	ed liability company is:	NNN Doral (Court 29, LLC	·		
2. The mailing address of						
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Comp	pliance Manage	r, Santa Ana, CA 9)2705		
11/1/2005 M0500000611		105000006118				
3. Date of filing/registration in Florida 4. D		. Document number				
5. The name of the register Florida Department of	ered agent and the regist State:	tered office add	dress as shown on	the records of the		
-	Corporation Service Cor					
		Name				
	1201 Hays Street					
	Address					
Tallahassee, FL 32301 City, State and Zip				ALC SEC		
City, State and Zip						
6. The name and address of the new registered agent and/or office:				20 F		
NRAI Services, Inc.				FILED 06 NOV 20 AM II: 09 SECRE PRO SIATE TALLAHASSEE, FLORIO		
	·	Name		To =		
	2731 Executive Park Drive, Suite 4					
Florida street address (P.O. Box NOT acceptable)						
	Weston	FL 33331				
	City, St	tate and Zip				
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite the operation of the limite the operation of the limite the limite the limite the limite the operation of the limite the limite the operation of the limite the lim	nange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	ade, the Florid II be identical. change(s) was as otherwise prompany.	a street address of	the registered office		
Paul J. Hagan, attorney-in-fa (Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm NRAI Services. And I am I a	intment as registered ag is of all statutes relative d accept the obligations his document is being f that the limited liability	gent and agree to the proper s of my positio iled to merely y company has	to act in this capa and complete per n as registered ag reflect a change in s been notified in v	ncity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.		
(Sgnature of Registered Agent) Paul J. Hagan. Assistant Se Divisio	ecretary on of Corporations, P.C	O. Box 6327, T	Fallahassee, FL 3	32314		

FILING FEE: \$25.00

INHS18(10/99)