M 0600000 2381

(Re	questor's Name)	
(Add	dress)	P 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		v 20a
	Office Use Onl	v () () () ()



200081852232

11/20/08--01018--002 **250.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

06 NOV 20 PM 3:03

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 Avent	tura Harbour Cent	<u>re 1, LLC</u>		
2. The mailing address of	of the limited liabili	ty company is:			·	
1551 N Tustin Avenue, Sui	te 200, ATTN: Entity	Compliance Manag	er, Santa Ana, CA 92	2705		
	<u> </u>	· •				'
4/26/2006			M06000002381			
3. Date of filing/registra	tion in Florida	4	1. Document number	er		
5. The name of the regist Florida Department of		registered office a	ddress as shown on t	he records of	the	
•	Corporation Service	ce Company				
		Name				
	1201 Hays Street					
		Address				
	Tallahassee, FL 3			₹	0	
City, State and Zip			ĘĘ S	ος 27-		
6. The name and address of the new registered agent and/or office:		fice:	HETARY OF STATE AHASSEE, FLORIDA	06 NOV 20	卫	
	NRAI Services, Inc).		H) PH	
		Name			ΞĔ	J
2731 Executive Park Drive, Suite 4				3: 03		
	Florida street ad	dress (P.O. Box N	OT acceptable)	Şщ	03	
	Weston	FL 33331				
	Ci	ity, State and Zip	_			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limi	change or changes a f the registered ager ereby confirmed that ed liability company of the limited liabil	are made, the Florient will be identical at the change(s) way or as otherwise party company.	da street address of t Or, in the case of a s/were authorized by	the registered a Florida limi y an affirmati	office ited ive vot	te of
Paul J. Hagan, attorney-in- (Printed or typed name of signed I hereby accept the appro-	:)	red agent and agre	e to act in this capac	city. I further	r agre	e to
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NBAI Services Inc.	ns of all statutes related accept the oblige this document is be a that the limited lie	iditive to the prope ations of my positi eing filed to merely ability company ho	r and complete perfo on as registered age oreflect a change in as been notified in w	nt as provide the registered riting of this	y auto d for i d offic chang	es, in :e :e.
(Signature of Registered Agent) Paul J. Hapan, Assistant S	ecretary					
Divisi	on of Corporation	is, P.O. Box 6327,	Tallahassee, FL 3:	2314		

FILING FEE: \$25.00

INHS18(10/99)