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SECRETARY OF STATE

HLED

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.

agent, or both, in the state	•					
1. The name of the limit	ed liability compa	my is: NNN Aventu	ıra Harbour Centi	re 13, LLC		<u> </u>
2. The mailing address o	f the limited liabi	lity company is:	· · · · · · · · · · · · · · · · · · ·			·
1551 N Tustin Avenue, Sui	te 200, ATTN: Entit	ty Compliance Manage	r, Santa Ana, CA 92	705		
			105000000174			
6/9/2006			05000003174		 -	
3. Date of filing/registrat	ion in Florida	4.	Document number	ŗ		
5. The name of the register Florida Department of		e registered office add	dress as shown on t	he records of	the	
•	Corporation Serv	rice Company				
		Name				
	1201 Hays Street					
		Address		·	0	
Tallahassee, FL 32301 City, State and Zip		ALL	05 AON 90			
6. The name and address of the new registered agent and/or office:			EE EE	ΑÛ		
6. The name and address	of the new registe	ered agent and/or offi	ce:	ARY SSE	20	
	NRAI Services, In	nc.		CRETARY OF STATE LAHASSEE, FLORIDA	PH	J
		Name .	<u></u>	HOJ TRST	င္မာ	
		ark Drive, Suite 4	 	<u>Š</u>	3: 07	
	Florida street a	ddress (P.O. Box NO	T acceptable)			
	Weston	FL 33331				
•	(City, State and Zip				
If the limited liability conconfirmed 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 limited tha	change or changes If the registered agoreby confirmed the Ideal liability compare of the limited liab	are made, the Florida ent will be identical. hat the change(s) was/ ny or as otherwise pro- ility company.	a street address of the Or, in the case of a	he registered :	office ted	
Signature of a member or author	rized representative of a	a member)				
Paul J. Hagan, attorney-in- (Printed or typed name of signee		· · · · · · · · · · · · · · · · · · ·				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRA Services, Ind.	ns of all statutes r ad accept the oblig this document is t a that the limited l	ered agent and agree elative to the proper of gations of my position peing filed to merely i liability company has	to act in this capac and complete perfo n as registered agei reflect a change in been notified in wi	ity. I further rmance of my nt as provided the registered riting of this c	agree dutie i for in l office hange	to s, ri
Paul J. Hagan. Assistant S	ecretary	ns, P.O. Box 6327, T	Tallahassee, FL 32	2314		

FILING FEE: \$25.00

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