## M0600000 3953

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,
		. 00
		11-29
	Office Use On	W U U U Ø



300081852303

11/20/06--01018--002 \*\*250.00

06 NOV 20 PM 3: 10
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

4/1

INHS18(10/99)

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 comp	oany is: NNN Avent	ura Harbour Cer	ntre 16, LLC
2. The mailing address of				
1551 N Tustin Avenue, Sui	ite 200, ATTN: Ent	tity Compliance Manage	er, Santa Ana, CA	92705
7/18/2006			M06000003953	
3. Date of filing/registration in Florida		<del></del>	4. Document number	
5. The name of the regist Florida Department of		ne registered office ad	ldress as shown on	the records of the
	Corporation Ser	vice Company		
		Name		
	1201 Hays Stre			
		Address		
	Tallahassee, FL			
		City, State and Zip		
6. The name and address of the new registered agent and/or office:		ice:	FILL 06 NOV 20 SECHETAF	
	NRAI Services, Inc.			全黨 2
	Name 2731 Executive Park Drive, Suite 4			H=₹ M*
		address (P.O. Box No	OT acceptable)	D PH 3: OF STI
	Weston	FL 33331		IATE PRIDA
		City, State and Zip		
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	change or change f the registered a ereby confirmed the liability comp of the limited lia	es are made, the Floric gent will be identical, that the change(s) was any or as otherwise p bility company.	la street address of Or, in the case of	f the registered office
Paul J. Hagan, attorney-in-	-fact			
(Printed or typed name of signee	e)			
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm WRAI Services, Inc.		tered agent and agree relative to the proper ligations of my positio being filed to merely liability company ha	e to act in this cap cand complete per on as registered ag reflect a change i s 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 S Divisi	Secretary	ons, P.O. Box 6327,	Tallahassee, FL	32314

FILING FEE: \$25.00