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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

J. BRYAN NOV 2 1 2006

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 Aventu	ura Harbour Ce	ntre 17, LLC
2. The mailing address of				
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Com	pliance Manage	er, Santa Ana, CA	92705 .
7/18/2006		N	106000003954	
3. Date of filing/registrat	ion in Florida	4.	. Document num	ber
5. The name of the register Florida Department of	ered agent and the regist State:	tered office ad	dress as shown o	n the records of the
	Corporation Service Cor	· · ·		
		Name		
	1201 Hays Street			
		Address		و ټي
Tallahassee, FL 32301 City, State and Zip		FILE FILE FILE OF CO. NOV 20		
6. The name and address of the new registered agent and/or office:		N SET		
6. The name and address	of the new registered ag	gent and/or off	ice:	00 CC C
NRAI Services, Inc.		A RP S		
		Name		RATA 8:
	2731 Executive Park Drive, Suite 4		RATION 8: 07	
	Florida street address	s (P.O. Box N O	OT acceptable)	- 5
	Weston	FL 33331		
	City, S	tate and Zip		
If the limited liability conconfirmed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of the limited liability concentration of the liability concentration of the limited liability concentration of the liability concentration of the liability concentration of t	hange or changes are me the registered agent with reby confirmed that the	ade, the Florid ill be identical.	a street address o Or, in the case of	of the registered office of a Florida limited by an affirmative vote of
Dund Haga				
(Signature of a methber of author	ized representative of a membe	er)		
Paul J. Hagan, attorney-in-f	· · · · · · · · · · · · · · · · · · ·			
(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 NRM Services, Inc.	is of all statutes relative d accept the obligation this document is being fathat the limited liability	e to the proper is of my positio filed to merely	and complete per n as registered a reflect a change	rformance of my duties, gent as provided for in in the registered office
(Signature of Registered Ageny) Raul J. Hagan. Assistant So Divisio	ecretary on of Corporations, P.	— O. Box 6327, '	Tallahassee, FL	32314

FILING FEE: \$25.00

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