m0600000 4405

(Re	equestor's Name)					
(Ac	ldress)						
(Ac	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL.					
(Bu	siness Entity Na	me)					
(Document Number)							
Certified Copies	_ Certificate	s of Status					
Special Instructions to	Filing Officer:						
:							
		1121					
	Office Use Or	18 M V VIII					



500081852385

11/20/06--01018--003 **250.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ODETADY OF CT.T

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 comp	pany is: NNN DC	CF Campus, LLC			·
2. The mailing address o						,
1551 N Tustin Avenue, Suit	te 200, ATTN: En	itity Compliance Ma	nager, Santa Ana, CA	92705		
0/0/0000			M06000004405			
			M06000004405 4. Document number			
5. Date of Hillig/registrat	ion in rionua		4. Document nun	idei		
5. The name of the register Florida Department of		he registered offic	e address as shown o	on the records of	the	
	Corporation Se	rvice Company				
		Name				
	1201 Hays Stre	eet				
		Address	_			
	Tallahassee, F			70	9	
City, State and Zip		EĞ	AON 90			
6. The name and address of the new registered agent and/or office:		RETARY OF STATE AHASSEE FLORIDA	OS AC	Ţ		
	NRAI Services,	Inc.		E C	РН	
		Name		P	<u> </u>	Ų
	2731 Executive	Park Drive, Suite 4			ယ္ လ	
	Florida street	address (P.O. Bo	x NOT acceptable)	Şmi	25	
	Weston	FL 3333	31			
		City, State and Z	ip			
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 limite the operation of the limite the limite the limite the operation of the limite	hange or change the registered a reby confirmed ed liability comp	es are made, the Fagent will be ident that the change(s) cany or as otherwind in the change (s) ability company.	orida street address of	of the registered	office	
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 NRAI Selvices, Inc. (Signature of Redistered Agent) Paul J. Hagan, Assistant S	ecretary		gree to act in this cap oper and complete pe sition as registered a rely reflect a change y has been notified in		agree y dutie d for i d offic change	! 10 ?\$, n e e.

FILING FEE: \$25.00

INHS18(10/99)