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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: December 27, 2013

Order#: 922249-099

Re: NNN DCF CAMPUS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Elizabeth Dawson

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

3			
1. Name of the limited liability company: NNN DCF CA	AMPUS, LLC		
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 750 B. Street, Suite 1220 San Diego, CA 92101		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	750 B. Street, Suite 1220 San Diego, CA 92101		
08/09/2006	M06000004405		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	ot. of State: 😂	
Registered Agent:	NRAI Services, Inc.		,
Registered Office Address:	1200 South Pine Island Roa Plantation, FL 33324	ad Sign Sign	q=h-
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address Corporation Service Compa	7-	;
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
	Tallahassee	,FL_32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. (Signature of a member or authorized representative of a member)	et address of the registered off ase of a Florida limited liabili by an affirmative vote of the n	fice and the busines ity company, it is nembers of the limi	ss ited
Dona Priebe, Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by: By: (Signature of Registered Agent)	agree to act in this capacity. It oper and complete performant as registered agent as provide change in the registered officed in writing of this change.	further agree to ice of my duties, an led for in Chapter (e address, I hereby	d I 508,
(Signature of Registered Agent)			

Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00