## m0600000 4929

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<del>y)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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		1100
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## 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 DCF C	Campus 3, LLC		•
2. The mailing address of					
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Comp	oliance Manage	er, Santa Ana, CA	92705	<u></u> .
9/8/2006		N	106000004929		
3. Date of filing/registrat	ion in Florida	4.	. Document numl	ber	
5. The name of the register Florida Department of		ered office add	dress as shown or	the records of	AOP S
•	Corporation Service Con	npany		三	FEL 120
	·	Name	<del></del>	2859 PERSON	FILED 20 P
	1201 Hays Street			iii Q	PH D
		Address		FL(S	_ ω
	Tallahassee, FL 32301			当当	3: 40
	City, S	State and Zip		₽m	0
6. The name and address	of the new registered ago	ent and/or offi	ice:		
	NRAI Services, Inc.				
		lame			
	2731 Executive Park Driv	ve, Suite 4			
	Florida street address	(P.O. Box <b>N</b> O	OT acceptable)		
	Weston	FL 33331			
	City, St.	ate and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite the	nange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co- ized representative of a member	ide, the Florid I be identical. change(s) was s otherwise prompany.	a street address o Or, in the case o	f the registered ( f a Florida limit	office ed
(Printed or typed name of signee)					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, Inc.  (Signature of Registered Agont) Paul J. Hagan, Assistant Sciences	intment as registered ag is of all statutes relative d accept the obligations this document is being fi that the limited liability	to the proper of my position it is to merely of the company has	and complete per n as registered as reflect a change i s been notified in	rformance of my gent as provided in the registered writing of this c	duties, l for in l office

**FILING FEE: \$25.00** 

INHS18(10/99)