## m06000000112

(Re	equestor's Name)					
(Ac	ldress)					
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PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
		11,20				
	Office Use On	"'' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				



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06 NOV 20 PM 3: 20 SECRETARY OF STATE TALLAMASSEE, FLORID

## 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 cor	mpany is: NNN DC	F Campus 7, LLC			
2. The mailing address o						•
1551 N Tustin Avenue, Suit	te 200, ATTN: I	Entity Compliance Mar	nager, Santa Ana, CA	92705		
9/19/2006		M06000005112				
3. Date of filing/registration in Florida		4. Document number				
5. The name of the register Florida Department of		the registered office	address as shown on	the records	of the	2
	Corporation S	Service Company				
		Name				
	1201 Hays St	treet				
		Address				
	Tallahassee,	FL 32301				
		City, State and 2	Zip			
6. The name and address	of the new reg	gistered agent and/or	office:			
	NRAI Service	s, Inc.		E SE	AON 90	
	Name 2731 Executive Park Drive, Suite 4		CRETA L'AHA!	40V 20	<del>-17</del> .	
	Florida stre	et address (P.O. Box	NOT acceptable)	AY OF	0 PM	
	Weston	FL 3333	-	FLOFF ST/	ယ္	
		City, State and Zi	p	製品	20	
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 a	hange or chan the registered reby confirme ed liability con of the limited l	ges are made, the Flor I agent will be identi- id that the change(s) inpany or as otherwis liability company.	orida street address of cal. Or, in the case of was/were authorized l	the register f a Florida li by an affirm	red off imited native	vote of
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 NRAL Services, Ind. (Signature of Registered Agent) Paul J. Hagan, Assistant So		ristered agent and ages relative to the problem in the problem is relative to the problem is being filed to mered liability company	ree to act in this cape per and complete per ition as registered ag ely reflect a change i has been notified in v	icity. I furth formance of ent as prov 1 the registe vriting of th	her ag f my d ided fo red oy us cha	ree to uties, or in ffice inge.
Divisio	on of Corpora	ations, P.O. Box 632	7, Tallahassee, FL	32314		

**FILING FEE: \$25.00** 

INHS18(10/99)