## M06000005117

| (Re                                     | questor's Name)   |             |
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| (Ad                                     | dress)            |             |
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SECRETARY OF STATE DIVISION 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 limited lia  | ability company is: NNN DCF  | Campus 11, LLC   |
|---|--|--|
| 2. The mailing address of the   |  |  |
| 1551 N Tustin Avenue, Suite 200   | 0, ATTN: Entity Compliance Mana  | ager, Santa Ana, CA 92705  |
| 9/19/2006   |  | M06000005117   |
| 3. Date of filing/registration i  | n Florida  | 4. Document number   |
| 5. The name of the registered Florida Department of State   |  | address as shown on the records of the   |
| Coi   | rporation Service Company  |  |
|   | Name   |  |
| 120   | 01 Hays Street   | <b>o</b> 2.  |
| <u></u>   | Address  |  |
| Address Tallahassee, FL 32301 City, State and Zip   |  |  |
| City, State and Zip   |  | PFR 21   |
| 6. The name and address of the new registered agent and/or office:  |  |  |
| NRAI Services, Inc.   |  | 8: 27  |
| Name<br>2731 Executive Park Drive, Suite 4  |  |  |
|   | orida street address (P.O. Box   | NOT acceptable)  |
|   | ·  | •  |
| Wes   | ston FL 33331  |  |
|   | City, State and Zip  |  |
| confirmed that after the chang<br>and the business office of the<br>liability company, it is hereby   | ge or changes are made, the Flor<br>registered agent will be identical<br>confirmed that the change(s) we<br>ability company or as otherwise<br>the limited liability company.   | ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited vas/were authorized by an affirmative vote of provided in the articles of organization or         |
| Paul J. Hagan, attorney-in-fact   |  |  |
| (Printed or typed name of signee)   |  |  |
| I hereby accept the appointm<br>comply with the provisions of<br>and I am familiar with and ac<br>Chapter 608, F.S. Or, if this a<br>address, I hereby confirm that<br>MRAI Services. Inc.<br>(Signature of Registered Agent) | ent as registered agent and agr<br>all statutes relative to the prop<br>cept the obligations of my posit<br>document is being filed to mere<br>t the limited liability company l | ree to act in this capacity. I further agree to ser and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change. |
| Paul J. Hagan / Assistant Secreta<br>Division of  | arv<br>f Corporations, P.O. Box 6327   | 7, Tallahassee, FL 32314   |

**FILING FEE: \$25.00** 

INHS18(10/99)