## M06000005166

(Re	equestor's Name)	
(Ad	dress)	
(Ac	dress)	
/Ci	ty/State/Zip/Phone	. 40
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600254772116

12/30/13--01023--009 \*\*25.00

2013 DEC 30 PM 4: OC SECRETARY OF STATE TALLARASSEE FLORIDA

N. Guingan JAN 7-8 20141



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#: 922247-182

Re: NNN AVENTURA HARBOUR CENTRE 33, 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.

1. Name of the limited liability company:	INN AVENTURA HAF	RBOUR CENTRE 33	, LLC	
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE	(SS) Suite 20	Tustin Ave. 0 na, CA 92705	20	
(b) Mailing address of limited liability co	mpany: 1551 N. Suite 20	Tustin Ave.	TOEC 30 PM	
09/20/2006	M06000	0005166	12 st	
3. Date of filing/registration in Florida		nent number	影点。	
5. (a) Registered Agent and Registered Off	ce shown on the records	s of the Florida Dept.	of State:	
Registered Agent:		NRAI Services, Inc.		
Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Age</u> <u>NEW</u> Registered Agent:		red Office address: ion Service Company	<b>y</b>	
NEW Registered Office Address: (MUST BE FLORIDA STREET AD	1201 Ha	ys Street		
(MUST DE LEGRIDA STREET AD	Tallahas	see	,FL_32301	
If the limited liability company is not organize that after the change or changes are made, the office of the registered agent will be identical hereby confirmed that the change(s) was/wer liability company or as otherwise provided in limited liability company.  (Signature of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member of a member or authorized representative of a member of a me	EFlorida street address of . Or, in the case of a Fle authorized by an affirr the articles of organiza	of the registered offic orida limited liability mative vote of the me	e and the business company, it is embers of the limited	
Dona Priebe, Authorized Person (Printed or typed name of signee)	<del> </del>			
I hereby accept the appointment as registere comply with the provisions of all statutes reliant familiar with and accept the obligations of E.S. Or, if this document is being filed to me confirm that the limited liability company has been company by:  By:   (Signature of Registered Agent)	d agent and agree to ac tive to the proper and c if my position as registe rely reflect a change in s been notified in writing	t in this capacity. I fi omplete performance red agent as provided the registered office of g of this change.	urther agree to e of my duties, and I d for in Chapter 608, address, I hereby	
Elizabeth A. Dawson, Asst. Vice President	lent	llohossoo FI 32314		

**FILING FEE: \$25.00**