M06000005712

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	Region



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11/20/05--01019--095 **250.00

SECRETARY OF STATE

FILED 06 NOV 20 PH 3: 52



• 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 Do	CF Campus 19, LLC		
2. The mailing address of	f the limited liability company is	÷		
1551 N Tustin Avenue, Suit	te 200, ATTN: Entity Compliance Ma	anager, Santa Ana, CA 92705		
10/17/2006		M06000005712		
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of		ce address as shown on the records of the		
-	Corporation Service Company			
	Name			
	1201 Hays Street			
Address				
Tallahassee, FL 32301				
City, State and Zip				
6. The name and address of the new registered agent and/or office:		or office: SECRETARY ALLAHASSEE		
	NRAI Services, Inc.			
Name Name				
	2731 Executive Park Drive, Suite 4			
	Florida street address (P.O. Bo	ox NOT acceptable) $\begin{array}{ccc} & & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & \\ & & & \\ & \\ & \\ & & \\ & \\ & \\ & & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ &$		
	Weston FL 333	331		
	City, State and Z	Zip		
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite that the operation of the limite that the operation of the limite that the l	hange or changes are made, the F f the registered agent will be iden reby confirmed that the change(s	laws of the State of Florida, it is hereby Florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote of rise provided in the articles of organization or		
Paul J. Hagan, attorney-in-to- (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 MRA! Services 1 jac.		— agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.		
Signature of Registered Agent) Paul J. Hagan, Assistant S	ecretary on of Corporations, P.O. Box 6.	327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)