MUMOOMSTA

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	it Number)
Certified Copies	Certificates of Status
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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#: 922249-073

Re: NNN DCF CAMPUS 19, 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

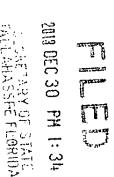
c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

, s sy :			
1. Name of the limited liability company: NNN DCF CA	MPUS 19, LLC		
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	750 B. Street, Suite 1220 San Diego, CA 92101		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	750 B. Street, Suite 1220 San Diego, CA 92101		
10/17/2006	M06000005712		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept.	of State:	
Registered Agent:	NRAI Services, Inc.	2018	erect man
Registered Office Address:	1200 South Pinc Island Road Plantation, FL 33324	DEC 3	112121
		20 PH	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	STA :	diminut
NEW Registered Agent:	Corporation Service Company	34 102	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
MODIFIED TECHNOLOGY	Tallahassee ,,	FL 32301	
f the limited liability company is not organized under the last after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the catereby confirmed that the change(s) was/were authorized by iability company or as otherwise provided in the articles of imited liability company.	t address of the registered office use of a Florida limited liability	and the busing	ess
Signature of a member or authorized representative of a member)			
Dona Priebe, Authorized Person (Printed or typed name of signee)	-		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving a function of all statutes relative to the proving function of my position of a function of a functi	gree to act in this capacity. I fun per and complete performance of as registered agent as provided hange in the registered office ac in writing of this change.	ther agree to of my duties, a for in Chapter ddress, I hereb	ind I : 608, :y
Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00