m0600000 u152

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		_
		1/2021
	(11121



000081860580

11/20/08--01018--004 **250.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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 limit	ed liability company is	S: NNN DCF	Campus 24, LLC			<u></u> .
2. The mailing address o						
1551 N Tustin Avenue, Sui	te 200, ATTN: Entity Co	mpliance Mana	ger, Santa Ana, CA 92705	j		
11/6/2006			M06000006152			
3. Date of filing/registration in Florida			4. Document number			—
5. The name of the registresisted Florida Department of		istered office a	address as shown on the I	ecords of	the	
•	Corporation Service C	Company				
		Name				
	1201 Hays Street					
		Address				
	Tallahassee, FL 3230					
	City	y, State and Zi	p			
6. The name and address	of the new registered	agent and/or o	ffice:			
	NRAI Services, Inc.			SEC	06 NOV 20	
		Name			AO	
	2731 Executive Park D	Orive, Suite 4		SS A	20	그
	Florida street addre	ess (P.O. Box I	NOT acceptable)		PH	
	Weston	FL 33331		STA	ယ္	
	City,	State and Zip		PA PA	34	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limited liability corconfirmed that after the candidate of the limited that the limited liability corresponds to the limited liability company, it is held that the limited liability company is a liability corresponds to the limited liability corresponds to the liability correspond	thange or changes are fithe registered agent wereby confirmed that the diability company of the limited liability	made, the Flor will be identicate change(s) we as otherwise company.	ida street address of the rall. Or, in the case of a Flass/were authorized by an	registered orida limi ı affirmati	office ited ive vot	te of
Paul J. Hagan, attorney-in- (Printed or typed name of signee						
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm NHAI Services, Inc. (Signature of Registered Agent) Paul J. Hagan, Assistant S Division	ecretary		ee to act in this capacity. er and complete perform ion as registered agent a ly reflect a change in the as been notified in writir , Tallahassee, FL 3231		· agree y dutie d for i d offic chang	? 10 ?s, n re ee.

FILING FEE: \$25.00

INHS18(10/99)