m06000006153

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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11/20/06--01018--004 **250.00

SECRETARY OF STATE SECRETARY OF STATE 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 limited l	iability company is: NNN DC	Campus 25, LLC		
	e limited liability company is:			
1551 N Tustin Avenue, Suite 200, ATTN: Entity Compliance Manager, Santa Ana, CA 92705				
11/6/2006		M06000006153		
3. Date of filing/registration	in Florida	4. Document number		
5. The name of the registered Florida Department of Sta		M06000006153 4. Document number address as shown on the records of the PA 3: 35		
С	orporation Service Company	ين ۾ اُ		
Name Q w				
12	201 Hays Street	Om O.		
Address				
Taliahassee, FL 32301				
City, State and Zip				
6. The name and address of t	the new registered agent and/or	office:		
<u>NF</u>	RAI Services, Inc.			
Name 2731 Executive Park Drive, Suite 4				
Florida street address (P.O. Box NOT acceptable)				
<u>w</u>	eston FL 33331	<u> </u>		
_	City, State and Zip			
confirmed that after the chan and the business office of the liability company, it is hereb	nge or changes are made, the Flore registered agent will be identicly confirmed that the change(s) viability company or as otherwise the limited liability company.	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or		
Paul J. Hagan, attorney-in-fact (Printed or typed name of signee)				
comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the NRAI Services Inc. (Signature of Registered Agent) Paul J. Hagan. Assistant Secre	of all statutes relative to the proficeept the obligations of my posts document is being filed to mere at the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. 7, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)