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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(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:	
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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#: 922249-083

Re: NNN DCF CAMPUS 25, 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

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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:	NNN DCF CAMPUS 25, LLC	
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDR	Ability company: 750 B. Street, Suite 1220 San Diego, CA 92101	
(b) Mailing address of limited liability c (Note: MAY BE POST OFFICE E	ompany: 750 B. Street, Suite 1220 San Diego, CA 92101	
11/06/2006	M06000006153	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Of	fice shown on the records of the Florida Dept. of State:	y = _ ^*#,
Registered Agent:	NRAI Services, Inc.	}
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	۶۳ ۱
(b) Enter name of <u>NEW Registered Ag</u>	ent and/or NEW Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	
MUST BE FLORIDA STREET A	Tällähassee ,FL 32301	
that after the change or changes are made, the office of the registered agent will be identic hereby confirmed that the change(s) was/we	ized under the laws of the State of Florida, it is hereby confirm the Florida street address of the registered office and the businest al. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limin the articles of organization or the operating agreement of the member)	ss iited
Dona Priebe, Authorized Person (Printed or typed name of signee)		
Rv : \mathcal{A} I , \mathcal{A} I I	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, an of my position as registered agent as provided for in Chapter erely reflect a change in the registered office address, I hereby as been notified in writing of this change.	ıd I 608, '
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice Pres	ident ions, P.O. Box 6327, Tallahassee, FL 32314	
	FILING FEE: \$25.00	

INHS18 (05/08)