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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 liab	ility company is: NNN DC	F Campus 29, LLC
2. The mailing address of the li		
1551 N Tustin Avenue, Suite 200,	ATTN: Entity Compliance Man	ager, Santa Ana, CA 92705
11/6/2006		M06000006154
3. Date of filing/registration in	Florida	4. Document number
5. The name of the registered ag Florida Department of State:	gent and the registered office	address as shown on the records of the OP 3: 39
•	oration Service Company	HILEU F
	Name	
1201	Hays Street	E O PH
	Address	—————————————————————————————————————
Tallahassee, FL 32301		
 _	City, State and Z	Cip Srt S
6. The name and address of the	new registered agent and/or	office:
NRAI	Services, Inc.	
	Name	
2731	Executive Park Drive, Suite 4	
Flor	rida street address (P.O. Box	NOT acceptable)
Weste	on FL 3333	1
	City, State and Zi	p
confirmed that after the change	or changes are made, the Floristered agent will be identified on firmed that the change(s) ility company or as otherwis limited liability company.	tws 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 acce Chapter 608, F.S. Or, if this do address, I hereby confirm that t MAI Services. Inc. (Signature of Registered Agent) Paul J. Hagan, Assistant Secretar	ll statutes relative to the pro ept the obligations of my pos cument is being filed to mer he limited liability company	reee 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.

FILING FEE: \$25.00

INHS18(10/99)