M0600000 6156

| (Requestor's Name) | | |
|---|------------------|-----------|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | iness Entity Nan | ne) |
| | | |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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12/30/13--01025--024 **25.00

TALLAHASSEE, FLORIDA





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#: 922249-095

Re: NNN DCF CAMPUS 31, 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.

| 1. Name of the limited liability company: NNN DCF | CAMPUS 31, LLC | - |
|--|---|---|
| 2. (a) Principal office address of limited liability comp (<i>Note: MUST BE STREET ADDRESS</i>) | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 750 B. Street, Suite 1220 San Diego, CA 92101 | LINGUE 30 |
| 11/06/2006 | M06000006156 | PH 2:n |
| 3. Date of filing/registration in Florida | 4. Document number | DE CO |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dep | t. of State: |
| Registered Agent: | NRAI Services, Inc. | |
| Registered Office Address: | 1200 South Pine Island Roa Plantation, FL 33324 | <u>d</u> |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> | NEW Registered Office address Corporation Service Compar | |
| <u>NEW</u> Registered Agent: | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street Tallahassee | _,FL 32301 |
| If the limited liability company is not organized under that after the change or changes are made, the Florida stoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member) | treet address of the registered offine case of a Florida limited liabilited by an affirmative vote of the m | ice and the business ty company, it is nembers of the limited |
| Dona Pricbe, Authorized Person (Printed or typed name of signec) | | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been noted. By: (Signature of Registered Agent) | nd agree to act in this capacity. It proper and complete performant ion as registered agent as provide tachange in the registered office ified in writing of this change. | further agree to ce of my duties, and I ed for in Chapter 608, address, I hereby |
| Elizabeth A. Dawson, Asst. Vice President | Box 6327, Tallahassee, FL 3231 | 4 |

FILING FEE: \$25.00

INHS18 (05/08)