8/13/2013 9:55:40 From: To: 8506176383 Division of comportations Florida Department of State Division of Corporation Electronic Filing Cover Sheet	(1/2) Page 1 of 1 3900
Note: Please print this page and use it as a cover sheet. Type the fax audit no (shown below) on the top and bottom of all pages of the document.	umber
((((H13000179496 3)))	
H130001794863ABC7	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Doing so will generate another cover sheet.	s page.
To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)078-5368 We ** Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address	2013 AUG -3 AN Sr 22
Email Address: LLC REGISTERED AGENT CHANGE NNN EXCHANGE SOUTH 1, LLC Certificate of Status Certificate of Status Certified Copy Page Count D H Certified Charge S25.00	J. SAULSBERRY EXAMINER
Electronic Filing Menu Corporate Filing Menu Help	AUG 1 4 2013

į

٢

,



(2/2)

~

## 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 Exchange South 1, LLC

2. (a) Principal office address of limited liability company:	750 B Street		ē.	_
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Suite 1220			11.
	San Diego, CA 92101		<u> </u>	
		 	ລະ	
(b) Mailing address of limited liability company:	750 B Street		نې	•
(Note: MAY BE POST OFFICE BOX)	Suite 1220	.**		<u> </u>
	San Diego, CA 92101		٨Ì	
12/19/2007	M07000007390	00	<i>င</i> ္မ်ဳိး 	
3. Date of filing/registration in Florida	4. Document number		22	

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

**Registered Agent:** 

Registered Office Address:

**NEW** Registered Agent:


## (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

•	÷
NEW Registered	Office Address:
MUST BE FLO	l Office Address: DRIDA STREET ADDRESS)

C T Corporation System

1200 South Pine Island Road

BI 4 4's	
Plantation	EI 11124
1 1011100110/10	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Carolina Botero
Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this accument is being filed to merely reflect a change in the registered office adaress, I hereby confirm that the limited liability company has been notified in writing of this change. By: CT Corporation System $M$ JJJ James M, Halpin
Signature of Registered Agent Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

[NHS18 (05/08)