Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE NNN EXCHANGE SOUTH 4, LLC

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Electronic Filing Menu

Corporate Filing Menu

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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 Exchange South 4, LLC			<u></u>			
2. ((a)	Principal office address of limited liability company:	750 B Street Suite 1220	E 7			
		(Note: MUST BE STREET ADDRESS)	San Diego, CA 92101				
			Sali Diego, CA 92101	- (2)			
	(b)	Mailing address of limited liability company:	750 B Street	100 B			
	(0)	(Note: MAY BE POST OFFICE BOX)	Suite 1220				
			San Diego, CA 92101	7			
		•					
12	/28/2	907	M07000007501				
3.	Dat	e of filing/registration in Florida	I. Document number	•			
5.	(a)	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	NRAI Services, Inc.				
		Registered Office Address:	1200 South Pine Island Road				
			Plantation, FL 33324				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Corporation</u> NEW Registered Agent: CT Corporation							
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS)	1200 South Pine Island Road				
			Plantation	,FL 33324			
co an lia the the	nfiri d th bilit e me e op	imited liability company is not organized under the lemed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise crating agreement of the limited liability company.	anida atwaat addeasa af tha re	Amigrared office			
		na Botero or typed name of signce	-				
В	y:		gree to act in this capacity. Sper and complete performa sition as registered agent as rely reflect a change in the i has been notified in writing nes M. Halpin	I further agree to nice of my duties, s provided for in registered office g of this change.			
Si	gnatu	- All aminos de la contraction	sistant Secretary				
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00

JNHS18 (05/08)