

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Enter the smail address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	

LLC REGISTERED AGENT CHANGE NNN EXCHANGE SOUTH 5, LLC

Certificate of Status	0
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Page Count	02
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AUG 1 4 2013

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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. Na	me of the limited liability company: NNN Exchange	South 5, LLC			
2 (a)	Principal office address of limited liability compan	v. 750 P Street	1341 20	23	
(-/	(Note: MUST BE STREET ADDRESS)	Suite 1220	Ľ,	<u>ui</u>	
		San Diego, CA 92101	76	787	24.47
			2 - 2. 	6.3	****
(b)	Mailing address of limited liability company:	750 B Street Suite 1220	₩.F	<u></u>	1
	(Note: MAY BE POST OFFICE BOX)	San Diego, CA 92101	F 71		177
		Buil Bregg, Ort 72101		記	
1/24/2008		M08000000349		Z	1942)
	nte of filing/registration in Florida	4. Document number	11 2		
5. (a) Registered Agent and Registered Office shown on		****	State:	
	Registered Agent:	NRAI Services, Inc.			
	Registered Office Address:	1200 South Pine Island Roa	d		
	registored Office / radicas.	Plantation, FL 33324			
					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	C T Corporation System			
NEW Registered Office Address:		1200 South Pine Island Ros	ıd		
	(MUST BE FLORIDA STREET ADDRESS)	Plantation	FI	_ 33324	
		J. IRTICACION	,1	<u> </u>	
confir and the liabilithe m the of	limited liability company is not organized under the remed that after the change or changes are made, the business office of the registered agent will be identity company, it is hereby confirmed that the changes tembers of the limited liability company or as otherworsting agreement of the limited liability company. The of a member or authorized representative of a member	Florida street address of thatical. Or, in the case of a s) was/were authorized by	ie register Florida li an affirm	red offi imited native v	ote of
Right	ne of a member of authorized representative of a member				
	ina Botero d or typed name of signec	_			
By:		ames M. Halpin	ity. I furt rmance o t as prov he regist iting of th	her agr f my du ided foi ered off us char	ee to ties, r in ice ige.
aiRugg	, i i	Assistant Secretary	214		
	Division of Corporations, P.O. Box 6	527, Tallahassee, FL 32	314		

FILING FEE: \$25.00

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