

# 8/13/2013 10:59:02 From To 8586173383 (1/2)  
Division of Corporations Page 1 of 1  
**NO8000000445**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE  
NNN EXCHANGE SOUTH 7, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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K. SALLY  
EXAMINER  
Aug 14 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. Name of the limited liability company: NNN Exchange South 7, LLC

2. (a) Principal office address of limited liability company: 750 B Street  
Suite 1220  
San Diego, CA 92101  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 750 B Street  
Suite 1220  
San Diego, CA 92101  
*(Note: MAY BE POST OFFICE BOX)*

1/28/2008

3. Date of filing/registration in Florida

M08000000445

4. Document number

5. (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 NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System

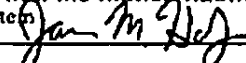
NEW Registered Office Address: 1200 South Pine Island Road  
*(MUST BE FLORIDA STREET ADDRESS)*  
Plantation, FL 33324

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 document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C T Corporation System  
  
Signature of Registered Agent

**James M. Halpin**  
Assistant Secretary

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

INHS18 (05/08)