Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE NNN EXCHANGE SOUTH 16, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/13/2013

N. Culligan AUS

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 liability company submits the following statement in ord agent, or both, in the State of Florida. | 508, Florida Statutes, the unders ler to change its registered office | igned lin | Bd. |
|--|--|---|----------------------------------|
| 1. Name of the limited liability company: NNN Exchange South 16, LLC | | | AUG |
| (a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>) | Suite 1220 San Diego, CA 92101 | SSEEP | <u>3</u> |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 750 B Street Suite 1220 San Diego, CA 92101 | LOPPOR | 8 38 |
| 4/14/2008 | M08000001784 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| (a) Registered Agent and Registered Office shown on Registered Agent: | the records of the Florida Dept. o | f State: | |
| Registered Office Address: | 1200 South Fine Island Road Plantation, FL 33324 | | |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: | | |
| NEW Registered Agent: | C T Corporation System | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1200 South Pine Island Road Plantation , I | L_33324 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company. | Florida street address of the registentical. Or, in the case of a Florida s) was/were authorized by an affin | ered offic limited mative vo | ote of |
| 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 comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my k Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compa | | ther agre of my dut vided for fered offi his chan | ee to ies, in ce ge. |
| By: Vin My Jo | ames M. Halpin Assistant Secretary | | |
| Division of Corporations, P.O. Box (| ₹ | | |
| FILING FEE: | \$25.00 | | |

1NHS18 (05/08)