To: \$0617638 OOOOOOOOOOOO 8/13/2013 10 6:5 Division of

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE NNN EXCHANGE SOUTH 20, LLC

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AUG 1 4 2013

A. LUNT

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Help

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 20, LLC					
• • • • • • • • • • • • • • • • • • • •		7 Gr	201			
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	ny: 750 B Street Suite 1220		<u></u>			
(NOIE, MOST BE STREET ADDRESS)	San Diego, CA 92101	<u></u>	رة			
		(A A (A) A				
(b) Mailing address of limited liability company:	750 B Street		ယ	₫·		
(Note: MAY BE POST OFFICE BOX)	Suite 1220	(<u></u>	-			
•	San Diego, CA 92101	- Tr				
5/15/2008	> f00000000000	35		Fre 6		
3. Date of filing/registration in Florida	M08000002302		=			
5. Date of thing registration in rionda	4. Document number	يش:				
(a) Registered Agent and Registered Office shown o Registered Agent:	n the records of the Florida NRAI Services, Inc.	Dept. o	f State:			
B				-		
Registered Office Address:	Plantation, FL 33324	1200 South Pine Island Road				
•	Figuration, FL 33324					
NEW Registered Agent: NEW Registered Office Address:	C T Corporation System 1200 South Pine Island Road					
(MUST BE FLORIDA STREET ADDRESS)	Diametrica	DI				
	Plantation	·,1	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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	Florida street address of the case of a	re registe Florida	red off limited			
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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition System By: CT Corporation System	l agree to act in this capac proper and complete perfo position as registered ager nerely reflect a change in t any has been notified in wr ames M. Halpin	ity. I fur rmance c it as prov he regist iting of t	ther ag of my di vided fo ered of his chai	ree to uties, Ir in Jice nge.		
Signature of Registered Agent	Assistant Secretary					
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32	314				

FILING FEE: \$25.00

INHS18 (05/08)