## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000179531 3)))



H130001795313ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

'AUG 1 4 2013

L. SELLERS

From:

Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023

Fax Number

: (850)222-1092 : (850)878-5368

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

Email Address:

## LLC REGISTERED AGENT CHANGE NNN EXCHANGE SOUTH 31, LLC

Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

വ

## 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 31, LLC	
<ol> <li>(a) Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	ny: 750 B Street Suite 1220 San Diego, CA 92101	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	750 B Street Suite 1220 San Diego, CA 92101	
6/4/2008	M08000002629	
3. Date of filing/registration in Florida	4. Document number	r
5. (a) Registered Agent and Registered Office shown of	n the records of the Flor	rida 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>N</u>	EW 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	,FL 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 id 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.  Signature of a member or authorized representative of a member	ne laws of the State of Flee Florida street address of entical. Or, in the case of (s) was/were authorized wise provided in the art.	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote of icles of organization or
Carolina Botero Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am families with and accept the obligations of all the coling filed to Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this cap proper and complete pe	pacity. Liurther agree to