## m/200000a614

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP   WAIT   MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
FEB 1 3 201/4					
A. L.((; ?					

Office Use Only



400255394754

2014 FEB 12 AM S- 38
SECTEDARY OF STATE

DEPARTMENT OF STATE



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 010056

4328604

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: February 10, 2014

ORDER TIME : 12:18 PM

ORDER NO. : 010056-015

CUSTOMER NO: 4328604

## CHANGE OF AGENT

NAME:

REALTY INCOME PLANTATION

PINE ISLAND, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Tracy Manganelli

EXAMINER'S INITIALS:

## **COVER LETTER**

_	sion of Corporations				
SUBJECT:	Realty Income Plantation Pine	Island, LLC			
~ 0 20 20 20 20	Name	Name of Limited Liability Company			
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered	d Office Cha	nge and fee(s) are submitted	for filing.	
Please return	all correspondence concerni	ng this matte	er to the following:		
Corporate Pa	ralegal				
	Name of Person		<del></del>		
Realty Incom	e Corporation			2014 TALL	
<del></del>	Firm/Company		<del></del>	2014 FEB 12 SECRETARY	
600 La Terraz	za Blvd.			(M)	
	Address		<del></del>	TI 7	
Escondido, C	A 92025			STATE LORIDA	
	City/State and Zip Code		<del></del>		
canderson@r	realtyincome.com				
E-mail add	ress: (to be used for future annual repo	ort notification)			
For further in	nformation concerning this m	atter, please	call:		
Christy Ander	rson	760 at (	741-2111 x.1135		
	Name of Person	at (	Area Code & Daytime Telephone	Number	
Regis Divisi Clifto 2661	tration Section ion of Corporations in Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclo	osed is a check for the follow	wing amoun	<b>t:</b>		
<b>₽</b> \$2	5 Filing Fee		\$55 Filing Fee & Certified	Conv	

INHS18 (12/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

Name of the limited liability company: Realty Income	Plantation Pine Island, LLC
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 600 La Terraza Blvd. Escondido CA, 92025
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	600 La Terraza Blvd. Escondido, CA 92025
05/09/2012	M12000002614
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of State:
Registered Agent:	CT Corporation
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company  1201 Hays Street
imos i bb i bolida, i si kiba i i bakibaa,	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the hand the business office of the registered agent will be identiability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Michael R. Pfeiffer, Executive Vice President of Member	
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
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accument is being filed to maddress, I hereby confirm that the limited liability compan	
Signature of Registered Agent Corporation Service Company	8ue G. Knight
	A EMPERATOR OF A LOSS A COMPANY AND A COMPAN

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

· ...