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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 24, 2017

Order#: 578495-027

Re: BLUEROCK NNN I LEASECO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.			, ,	ıy: BLUEROCK N	NN I LEAS	SECO, LLC			
2.	(a)	712 Fifth Avenue, Suite 900 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b)	27777 Franklin Road, Suite 900 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		New York	NY	10019	_	Southfiel	d, MI 48034		
		04/02/2013				M130000			
3.		Date of fil	ing/registration	n in Florida	4.		Document number		
5. (a	(a)	NRAI Services,	Inc.				•		
		Registered Agent and F	Registered Office	shown on the records of	the Florida I	Dept. of State	e:		
		1200 South Pine	Island Road						
		Registered Office Add	ress (MUST B.	E FLORIDA STREET.	ADDRESS)		•		
		Plantation		, FL	. 33324			17 A	SECRI
(t	Ьλ	Corporation Service	ce Company					APR (H
				nd/or <u>NEW Registered</u>	Office add	ress:		26	
		1201 Hays Street						PH 2:	OF STA
		NEW Registered Offic	e Address:					59	NI STEE
		Tallahanan							
		Tallahassee		, FL	, 32301				
the ager was	chai it w /we	nge or changes are r ill be identical. Or, reauthorized by an	nade, the Flori , in the case of affirmative vo	da street address of a Florida limited lia	the registe ability con of the limit	ered office apany, it is ed liability	orida, it is hereby confi- and the business office thereby confirmed that company or as otherways.	ce of the reg	gistered e(s)
		Jel C.	alme		Jill Ci	lmi, Author	rized Person		
	•	ire of a member or author	•				Printed or typed name of s	•	
prov the d to m	usic obli _e re	ons of all statutes re gations of my positi ly reflect a change i in writing of this ci	lative to the pi on as register in the registere	tered agent and agr roper and complete ed agent as provided ed office address, 11	ree to act i performan d for in Ch hereby con	n this capa ace of my a apter 605, afirm that t	ncity. I further agree t luties, and I am famili F.S. Or, if this docur he limited liability cor	o comply w ar with and nent is bein npany has i	ith the accept g filed been
<u>.</u>	Ϊ,	baco Cokubi	ξ		***			_	
Sign	ature	e of Registered Agent	Corporation S	ervice Company	BY: Gra	ice E. Kir	by, Asst. Vice Presid	lent	

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