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ACCOUNT NO. : I2000000195

REFERENCE :

682431 7571829

AUTHORIZATION

COST LIMIT

ORDER	DATE	:	June	ll,	2013	

ORDER TIME : 11:31 AM

ORDER NO. : 682431-035

CUSTOMER NO: 7571829

CHANGE OF AGENT

NAME: OBFP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

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: OBFP, LLC		····	_
2. (a) Principal office (Note: MUST	address of limited liability compar BE STREET ADDRESS)	ny: 3333-24 Virginia Beach Blvd Virginia Beach, VA 23452		- -
	of limited liability company: SE POST OFFICE BOX)			- - -
07/30/2009		L09000073199	20 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date of filing/registr	ation in Florida	4. Document number		-
5. (a) Registered Age	nt and Registered Office shown on	the records of the Florida De	Profistates	٢
Registered Ager	nt:	CORPDIRECT AGENTS, IN		- j.
Registered Offic	ce Address:	1200 South Pine Island Road Plantation, FL 33324	8: 27 SYX-18 LOFFIE	*\. .= -
NEW Registere	_	Corporation Service Compan		
NEW Registered	d Office Address: ORIDA STREET ADDRESS)	1201 Hays Street		_
INCOLDE TEC	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Tallahassee	,FL 32301	_
confirmed that after the and the business office a lability company, it is he members of the limithe operating agreement	ompany is not organized under the change or changes are made, the I of the registered agent will be idented to confirmed that the change(sited liability company or as otherwise of the limited liability company.	Plorida street address of the re	gistered office	ıf
ANDREA KILMER				
Printed or typed name of signed		a grant at a second	T.C	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir By:	nointment as registered agent and cons of all statutes relative to the payed accept the obligations of my payed this document is being filed to make the limited liability compartment.	agree to act in this capacity, roper and complete performat osition as registered agent as erely reflect a change in the r ny has been notified in writing	I further agree to nee of my duties, provided for in egistered office, of this change.	
Signature of Registered Agent	Corporation Service Company			
The Pa	ion of Councillations D.O. Doy 6	207 Tallahaansa 171 20214		

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

INHS18 (05/08)