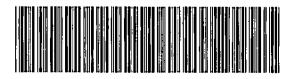
## 109000081043

(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	<del> </del>			





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D. SCOTT JAN 10 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: OBPFL-Barfield, LLC			<del></del>	
Nan	ne of Limite	d Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to	the following:		
Rodney A. Welty				
Name of Person			2019	
Oakbrook Properties, Inc.			2019 JAN - 2	
Firm/Company			· · · · · · · · · · · · · · · · · · ·	
142 W. Station St.			ار جار کا س	う
Address		· -	30 a	
Barrington, IL 60010-4304			,,	
City/State and Zip Code				
rwelty@oakbrookco.com				
E-mail address: (to be used for future ann	nual report n	otification)		
For further information concerning this matter,	, please call:			
Rodney A. Welty	630 at (	549-3643		
Name of Person		Area Code & Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:			
\$25 Filing Fee		\$55 Filing Fee & Certified Copy		
INHS18 (2/14)				

## 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.

l.	Na	me of the limited liability company: OBPFL-Bartie	eld, LLC 		
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  24880 Burnt Pine Drive, Bldg. 8	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Bonita Springs, FL 34134			
		08/21/2009	L09000	0081043	
3.		Date of filing/registration in Florida	4.	Document number	
_		Ned E Dewhirst			
5.	(a)	Registered Agent and Registered Office shown on the records of to 24880 Burnt Pine Drive, Bldg. 8	· · · · · · · · · · · · · · · · · · ·	2011	
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	1	
		Bonita Springs , FL	34134		
	(b)	Ned E Dewhirst  Enter name of NEW Registered Agent and/or NEW Registered  23150 Fashion Drive #235  NEW Registered Office Address:	Office address:		
		Estero .FL	33928	<del>_</del>	
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the State of the registered off ability company, if the limited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.	
S	ignat	ure of a member or authorized representative of a member	<del></del>	Printed or typed name of signee	
pro the to i not	ovisio obli mere ifiea	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ree to act in this co performance of m d for in Chapter 6 hereby confirm the	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been	