1170000 21301

(Requestor's Name)						
(Address)						
(Address)						
(City	y/State/Zip/Phone	· #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



400322053424

01/02/19--01004--001 **885.00

2019 JAN -2 A 3 38

D. SCOTT JAN 10 2019

COVER LETTER

INHS18 (2/14)

_	ntion Section n of Corporations						
SUBJECT:	roadacre Development, LLC	>					
Name of Limited Liability Company							
Dear Sir or Mad	lam:						
The enclosed Re	egistered Agent/Registered Offic	e Change	and fee(s) are sul	bmitted for filing.			
Please return all	correspondence concerning this	matter to	he following:				
Rodney A. W	elty						
	Name of Person						
Oakbrook Pro	operties, Inc.				1 2 2 E		
	Firm/Company				2019 JAN -2 /		
142 W. Static	on St.				N -2		
·	Address						
Barrington, IL	60010-4304				بيا الج		
	City/State and Zip Code				(건) (전) (전)		
rwelty@oakb	rookco.com						
E-mail add	iress: (to be used for future annu	al report n	otification)				
For further infor	rmation concerning this matter, j	please call:					
Rodney A. W	elty	630	549-36	43			
	Name of Person		Area Code	& Daytime Teleph	one Number		
Registra Division Clifton 2661 Ex	ation Section of Corporations Building secutive Center Circle ssee, Florida 32301		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, Flo	ction porations			
Enclosed is a check for the following amount:							
\$25 1	Filing Fee		\$55 Filing Fee	& Certified Copy			

SŢATEMENT 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.	Na	me of the limited liability company: Broadacre De	velopment, LLC	;
2. (a)		(b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		24880 Burnt Pine Drive, Bldg. 8		
		Bonita Springs, FL 34134		
		04/11/2017	L170000	81301
3.		Date of filing/registration in Florida	4.	Document number 2
5. (a)	Ned E Dewhirst		
٠. (,	Registered Agent and Registered Office shown on the records of	he Florida Dept. of Sta	te:
		24880 Burnt Pine Drive, Bldg. 8	- 17	
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
		Bonita Springs	34134	- <u>5</u> w
		, rL		···
(1	b)	Ned E Dewhirst		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
		23150 Fashion Drive #235		
		NEW Registered Office Address:		_
				_
		Estero , FL	33928	
the dager was/	tha it w we	mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ire authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered officability company, it fithe limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
			Rodney A. V	<u> </u>
_		ure of a member or authorized representative of a member	_	Printed or typed name of signee
prov the c to m	isio phli ere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided in the registered office address, I have the property of this change.	ee to act in this cap performance of my I for in Chapter 60 vereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sign	atur	e of Registered Agent		