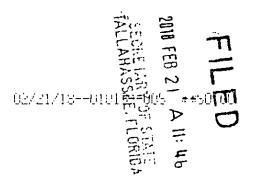
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DAVID H. SHELMIRE

Attorney and Counselor at Law

8333 Douglas Avenue, Suite 1380 Dallas, Texas 75225

e-mail: david@shelmire.com Fax: (214) 692-9235 (214) 692-9200

Florida Secretary of State's Office
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change in Registered Office by:

Barrhill Properties 18, L.L.C., and Barrhill Properties 27, L.L.C.

Dear Sir or Madam:

Enclosed are the originals and one copy each of the Cover Letter and Settlement of Change in Registered Office and Registered Agent by:

Barrhill Properties 18, L.L.C., and Barrhill Properties 27, L.L.C.

Please file the originals and return the file stamped copies to me-at the above address, which is also on the enclosed cover letters. Also enclosed herewith is a check in the amount of \$50.00 (\$25.00 per Statement) for payment of the applicable filing fee.

Please contact me if you have any questions. Thank you for your attention and cooperation in this matter.

Sincerely,

David H. Shelmire

DHS: bms Enclosures

COVER LETTER

Division of Corporations					
SUBJECT: Barrhill Properties 18, L.L.C.					
	mited Lia	bility Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	inge and fe	ec(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the fo	ollowing:			
David H. Shelmire					
Name of Person		_			
Attorney					
Firm/Company	•	_			
8333 Douglas Ave, Suite 1380			2018		
Address		-	EB CRET		
Dallas, Texas 75225			21 ASSE	ILEU	
City/State and Zip Code		_	A F	Ċ	
hughjpreacher@aol.com			A II: 46 OF STATE		
E-mail address: (to be used for future annual rep	ort notific	ation)	₽-		
For further information concerning this matter, please	call:				
David H. Shelmire	214	692-9200			
Name of Person		Area Code & Daytime Teleph	ione 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 amount	nt:				
☑ \$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.

1.	Na	ime of the limited liability company: Barrhill Proper	rties 1	8, L.L.C.			
2.	(a)	1820 Preston Park Blvd, Suite 1155	(b) 1820 Preston Park Blvd, Suite 1155				
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· ———	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Plano, Texas 75093	_	Plano, T	exas 75093		
		06/10/2015	_	M150000	04592		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	INCORP SERVICES, INC.					
		Registered Agent and Registered Office shown on the records of the INCORP SERVICES, INC.	•				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 17888 67TH COURT NORTH			2018 FEB		
		LOXAHATCHEE	33470		ETWRIT OF		
	(b)	Hugh J. Preacher Enter name of NEW Registered Agent and/or NEW Registered Office address:			A III 46 OF STATE FLORIDA		
		NEW Registered Office Address:			-		
		502 51st Street NW					
		Bradenton , FL	34209	ı			
the age	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi bility co f the lin limited	stered office ompany, it is nited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.		
	Signature of a member of authorized representative of a member				Printed or typed name of signee		
I I pre the to	here ovisi e obl mer	by accept the appointment as registered agent and agra ions of all statutes <u>relative</u> to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to ac perform I for in sereby c	t in this cape ance of my Chapter 605 confirm that	acity. I further agree to comply with the		
Si	gnatu	re of Registered Agent					