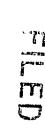
## (W)080

(Requestor's Name)	
(Address)	700163112207
(Address)	700100112207
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/22/0901019003 **35.
(Business Entity Name)	
(Document Number)	);
Certified Copies Certificates of Status	SECRE TARY ALLAHASSE
Special Instructions to Filing Officer:	22 AM IO: 29 ARY OF STATE SSEE, FLORIDA

Office Use Only

12. 300



\*\*35.80

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections			
statement of change is submitted for ain order to change its register		a unaer the laws of the State of d agent, or both, in the State of	
1. The name of the corporation: Bart	ield Properties	Inc.	
2. The principal office address: 21 E			
	mfield Hills, MI 4		
3. The mailing address (if different):_			<u> </u>
4. Date of incorporation/qualification:	06/30/06	Document number:	P06000088461
5. The name and street address of the Florida Department of State: (If resi			with the
Corporation Se	ervice Company		
1201 Hays Str	eet		
Tallahassee, F	lorida 32301		
6. The name and street address of the (if changed):	new registered agent (	(if changed) and /or registered	2009 DEC 22 SECRETARY ALL AHASS
Tom High			— M-
800 Seagate Dri	ve, Sulte 302		AM IO:
	P.O. Box NOT a	coepteble	0. O. C.
Naples, FL 3410	<u> </u>	,	— 最后 29
The street address of its registered o as changed will be identical.	ffice and the street ac	idress of the business office of	of its registered agent,
Such change was authorized by reso authorized by the board, or the carp	_		•
Softwaren of the Obligation or Abrochus		Carolyn Riegler	President
I hereby accept the appointment as I further agree to comply with the prof my duties, and I am familiar with document is being filed merely to recorporation has been notified to wr	egistered agent and rovisions of all statut and accept the oblig fleat a change in the time of this change.	agree to act in this canacity	
- on May		12/08/09	9
If signing on behalf of an entity:		LALE	
If signing on behalf of an entity:			
Typed or Printed Name	<del> </del>		
,	* * * FILING FEE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)