

| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| ☐ PICK-UP | ☐ WAIT | MAIL | | | |
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| (Bu: | siness Entity Nar | ne) | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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OCKES OCKES P. WHITE

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

| statement of cha | nge is submitted j | for a corporation organ | 92, 607.1508, or 617.1508, i nized under the laws of the S tered agent, or both, in the S | State of Florida | | |
|--------------------------------------|--|--|--|---|--|--|
| | | | | nuc of 1 nruu. | | |
| | The name of the corporation: Boca West Master Association, Inc. 20540 Country Club Blvd., #105, Boca Raton, FL 33434 | | | | | |
| 3. The mailing a | ddress (if differer | nt): Same as abov | ve | | | |
| 4. Date of incorp | ooration/qualifica | tion: 09/18/1972 | Document number: | 724365 | | |
| | | the current registered : f resigned, enter resign | agent and registered office of | on file with the | | |
| | Backer Abou | d Poliakoff & Foels | ter LLP | | | |
| | 400 S. Dixie | Highway, Suite 420 | 0 | | | |
| | Boca Raton, | FL 33432 | | | | |
| 6. The name and (if changed): | l street address of | the new registered age | ent (if changed) and /or region | stered office | | |
| | Associated (| Corporate Services | . | <u> </u> | | |
| | 6111 Broker | n Sound Parkway | NW, Suite 200 | | | |
| | Boog Boton | P.O. Box NO | T acceptable | | | |
| | Boca Raton, | | | <u>.</u> | | |
| The street address changed will | ess of its register be identical. | ed office and the street | t address of the business of | fice of its registered agent, | | |
| Such change was authorized by the | as authorized by a ne board, or the c | resolution duly adopte orporation has been no | d by its board of directors of the cha | or by an officer so nge. | | |
| - Angratu | ire of an officer or direc | to | Dad Dae | cht VP! Executer ame and tiple Pikesto | | |
| I furthér agrée | to comply with the | re provisions of all state | nd agree to act in this capa tutes relative to the proper accept the obligation of my flect a change in the registe in writing of this change. | city. and complete position as revistered | | |
| | | | July 10, | 2017 | | |
| | naudie of Rogistered A | geni | Date | | | |
| If signing on be | half of an entity: | | | | | |
| | uis Caplan, Esc yped or Printed Name | 1. | | | | |
| | • • | | | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *