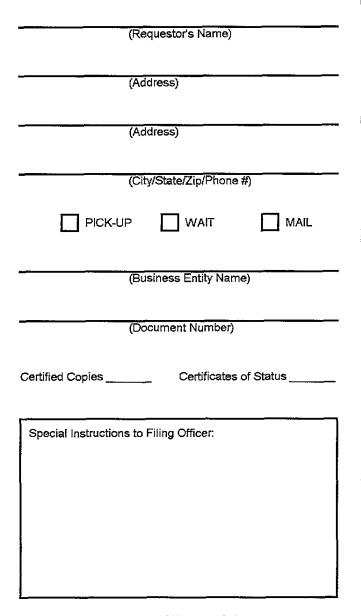
## 158089



Office Use Only

ROIRA Change



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BOYNTON LAKES Property Owners ASSOC - (Name of corporation) - ia tron, In  DOCUMENT NUMBER: 758089
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
·
Please return all correspondence concerning this matter to the following:
Scott Straleau (Name of person)
Gylfstream Services Management, Inc. (Name of firm/company)
400 S. Federal Hwy, Suite 417
Boynton Beach, FL 33435 (City/state and zip code)
For further information concerning this matter, please call:
Scott Straleau at (561) 329-6835 (Cell) (Name of person) (Area code & daytime telephone number)  Enclosed is a \$35.00 check made payable to the Department of State.
Enclosed is a \$35.00 check made payable to the Department of State. (W) \$61) 133 5550
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

FILED

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SÉCRETARY OF STATE
TALLAHASSEE, FLORID.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Flori Ra in order to change its registered office or registered agent, or both, in the State
of Florida.
of Florida.  1. The name of the corporation: Boynton Lakes Property Owners  2. The principal office address: C/O (50/f stream Association)
Services Management, Inc., 400 S. Federal Hwy.
3. The mailing address (if different): Suite 417, Boynton Beach, 1
4. Date of incorporation/qualification: 10/9/81 Document number: 758089
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Management Assist, Inc.
2026 E. Commercial Boulevard Suite
Management Assist, Inc. 2026 E. Commercial Boulevard, Suite Fortlanderdale, FL 33308
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Scott Straleav
Gulfsteam Services Management, Inc. 400 S
Federal Hwy, Suite 417, Boynton Beach, FL 33485
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.  (Signature or Typed name and title)
Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change
(Signature of Registered Agent)  (Signature of Registered Agent)
If signing on behalf of an entity:
Typed or Printed Name)  Manager  (Capacity)
* * * FILING FEE: \$35.00 * * *
Make checks payable to Florida Department of State and Mail to: