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COVER LETTER

Division	of Corporations	
	Boca S. Comp. I	
DOCUMENT N	UMBER: 59-244532	4
	tement of Change of Registered Office/Ag	
Please return all o	correspondence concerning this matter to	the following:
	Seth Kigle (Name of Contact	~
	(Name of Contact	t Person)
	Boca 5, Co	op Is
	(Firm/Compa	any)
	Po Bax 1719 (Address)	9
	(Address))
	Engleward Cliffs (City/State and Z	1 107632
	` •	•
	nation concerning this matter, please call:	
Sett	e Krylen a	t (201) 394-8929 (Area Code & Daytime Telephone Number)
7)	lame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35	5.00 check made payable to the Departmen	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	I AHAHASSEE, FL 32314	ZUUI EAGGUIIVE CEINEI CIIGE

Tallahassee, FL 32301

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, Flore statement of change is submitted for a corporation organized under the laws of the State in order to change its registered office or registered agent, or both, in the State	of Honida
1. The name of the corporation: Boca 5 Corporation I	
2. The principal office address: 580 Sylven Avenue, Englanded	C()48, NJ 0763
3. The mailing address (if different): Po Box 1719 England	and Claffs, NT
	07632
4. Date of incorporation/qualification: 12 21 1982 Document number:	7-2445324615
5. The name and street address of the current registered agent and registered office on fill Florida Department of State:	e with the
110 N. Maynolia St.	
Tallahassee , FC 32301	Wiscon I
6. The name and street address of the new registered agent (if changed) and /or registere (if changed): Soc Kubazz Zoo47 Voctors Edge Prime (P.O. Box NOT acceptable) Boca Raton, FL 33434	ORPORATIONS 2 PM 2: 03
The street address of its registered office and the street address of the business office as changed will be identical.	of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board or the corporation has been notified in writing of the change. (Signature of an other or director) (Printed or typed name)	Manay of Munhan
I hereby 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 performance of my duties, and I am familiar with and accept the obligation of my pos agent. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.	complete ition as registered
Marie of Bedistand A Charl	.,
If signing on behalf of an entity:	
SOL KUELER	
(Typed or Printed Name)	

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

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