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	(Requestor's Name)
	(respective reality)
	,
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flagler Boca 54, LLC (Name of Limited)	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Heidi J. Eddins (Name of Person) Florida East Coast Industries, Inc. (Firm/Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
10151 Deerwood Park Blvd., Building 10	00, Suite 350
(Address)	
Jacksonville, FL 32256 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Heidi J. Eddins at (S	(Area Code & Daytime Telephone 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 amo	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liab	oility company is: Flagler Boca 54, LLC	
2. The mailing address of the l	imited liability company is : 10151 Deerwood Park I	Blvd., Building 100 <u>,</u>
Suite 350, Jacksonville, FL 3		_
	L06000046731	
05/05/2006		
3. Date of filing/registration in	Florida 4. Document number	
5. The name of the registered ap Florida Department of State:	gent and the registered office address as shown on the	records of the
•	di J. Eddins	0.
	Name	78 J
One	e Malaga Street	三字 星
	Address	芸芸。
St. A	Augustine, FL 32084	SS
	City, State and Zip	FO I
6. The name and address of the	new registered agent and/or office:	OT JAN 30 AM ID: 48 SECRETARY OF STATE TALLAHASSEE. FLORID
Heid	di J. Eddins	
	Name	
1015	51 Deerwood Park Blvd., Building 100, Suite 350	
Flor	rida street address (P.O. Box NOT acceptable)	
Jack	ksonville FL 32256	
	City, State and Zip	
confirmed that after the change and the business office of the re liability company, it is hereby c	is not organized under the laws of the State of Florida to changes are made, the Florida street address of the egistered agent will be identical. Or, in the case of a Florifithmed that the change(s) was/were authorized by a liability company or as otherwise provided in the article limited liability company.	registered office lorida limited In affirmative vote
Heidi J. Eddins, Secretary		
(Printed or typed name of signee)		
I hereby accept the appointment comply with the provisions of a cand I am familiar with and acceptable to the confirmation of	nt as registered agent and agree to act in this capacity till statutes relative to the proper and complete perform ept the obligations of my position as registered agent of ocument is being filed to merely reflect a change in the the limited liability company has been notified in writi	o. I further agree to nance of my duties, as provided for in registered office ng of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00