Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000108863 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6380

Account Name : GREENSPOON MARDER, P.A.

Account Number: 076064003722 Phone : (888) 491-1120

Fax Number : (954)343-6962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: dwright@hocaweatcc.org

REGISTERED AGENT CHANGE BOCA WEST COUNTRY CLUB, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

MAY 0 5 2014

C. CARROTHERS Help

Electronic Filing Menu

Corporate Filing Menu

н15000108863 3

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

statement of cha	provisions of sections 607.0502, 617.0. unge is submitted for a corporation orgi er to change its registered office or regi	anized under the	laws	of the State of Florida		
1. The name of	the corporation: Boca West Cour	itry Club, Ind	3.			
2. The principal	office address: 20583 Boca Wes	t Drive, Boo	a Ra	aton, FL 33434		
3. The mailing a	address (if different): PO Box 3070	0, Boca Rat	on, F	L 33431-7970		
4. Date of incor	poration/qualification: 05/02/1985	Docume	nt nur	nber; N09043		
	d street address of the current registered riment of State: (If resigned, enter resigned,		tered o	office on file with the		
	Larry Corman, Esq., Greens	spoon Mard	er, P	P.A		
	One Boca Place 2255 Glad	es Road - S	uite	414-E	No.	2015
	Boca Raton, FL 33431					HAY
6. The name and (if changed):	d street address of the new registered ag	ent (if changed)	and /c	or registered office	ASSEE.	-4 AM
	Larry Corman, Esq., Greens	spoon Mard	er, P	.A	F. 0.1	ού Τκ
	One Boca Place, 2255 Glad		Suite	400-E	RID.	8
	Boca Raton, FL 33431	OT acceptable				
The street address changed will	ess of its registered office and the street	t address of the	busin	ess office of its regist	ered agent,	
_	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board o	of dire	ctors or by an officer he change.	50	
Shriet	ue of an ormost or escotor		IRTRO	PRESIDENT Oped name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all sit my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified			• •	ristered ess, I	
Tary .	palure of Registered Agent	May	4,	2015		
•	chalf of an entity:	ı	-	L/BIRI		
Larry Corm	an, Esq. yped or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)