N 9 800000 4706

(Requestor's Name)
Boca Respite Volunteers
9178 Glades Road
Boca Raton, Florida 33434
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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, the
undersigned corporation organized under the laws of the State of
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 corporation: Boca laston Interfacility a Carten, INC.
Ø .
2. The mailing address of the corporation: 9178 Slessles Rel
Socie Perten ff 33434
3. Date of incorporation/qualification: 8/14/98 Document number: N9800000 4700
4. The name and address of the current registered agent and registered office:
CSC - CONNIE SISKOWSKY
27/1 Ockroelle Ref 5400 2021 NW 5312 S
Wilmington Defences 19808 Boca Raton, 5
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
CONNE SISKOWSIKY
2021 NW 530 ST
BOCA PATON 33496
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Signature divaried, chairman of vice chairman of the board)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Chrie Siskonski = 4/2/04
(Signature of Registered Agent) If signing on behalf of an entity: CONNIC SISKOUSK (Reg. Abent)
CONVIE SISKOUSKI Reg. AGENT 3
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
CR2E045(8/99)

P.O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314