K52766

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COVER LETTER

Division of Corporations
SUBJECT: Boca Admin, Inc.
Name of Corporation
DOCUMENT NUMBER: V52766
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:
Terri Windle
Name of Contact Person
Boca Admin, Inc.
Firm/Company
1601 Forum Place, Suite 500
Address
West Palm Beach, FL 33401 City/State and Zip Code
twindle@cenrec.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terri Windle Name of Contact Person at (561) 640-3157 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Boca Admin, Inc.
2. The principal office address: 1601 Forum Place, Suite 500 West Palm Beach,FL 33401
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/1992 Document number: V52766
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Mary J Merola
1601 Forum Place, Suite 500
West Palm Beach,FL 33401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jourdan Levy - Bizanes 등 등
1601 Forum Place, Suite 500
P.O. Box NOT acceptable West Palm Beach,FL 33401
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 exporation has been notified in writing of the change.
Monica Wells, V.P. Signature of an officer or director Printed or typed name and title
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. 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. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance and agree to act in this capacity. The proper and complete performance are performance and agree to act in this capacity. The proper and complete performance are performance and agree to act in the proper and complete performance and agree to act in the proper and complete performance and agree to act in the proper and complete performance and agree to act in the proper and complete performance and agree to act in the proper and complete performance and agree to act in the proper and complete performance and complete performan
If signing on behalf of an entity:

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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