

(Requestor's Name)
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800449310558

04/24/25--01031--015 ++35.00





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

statement of cha	nge is submitted	ctions 607.0502, 617.0502, 607.1508, or 617.1508, Florida State I for a corporation organized under the laws of the State of <u>Flor</u> egistered office or registered agent, or both, in the State of Flori	rida	
1. The name of t	the cornoration:	Boca Bayou Condominium Association, Inc.		
2. The principal	•	30 Royal Palm Way		
		Boca Raton, FL 33432		
3. The mailing a	ddress (if differe	ent):Same as above		
4. Date of incorp	poration/qualific	ation: Document number:		
5. The name and	l street address o	f the current registered agent and registered office on file with the lf resigned, enter resigned)	he	
	Backer Aboud	Poliakoff & Foelster LLP		
	400 S. Dixie Hi	ghway, Suite 420		
	Boca Raton, FI	. 33432		1.73
6. The name and (if changed):	l street address o	f the new registered agent (if changed) and /or registered office		,)
	Associated Corp	porate Services, LLC		
	6111 Broken Se	ound Parkway NW, Suite 200		- 5
	Boca Raton, FL	P.O. Box NOT acceptable 33487	•	11
The street addre as changed will	ess of its register be identical.	red office and the street address of the business office of its re	gistered	agent,
Such change wa authorized by th	as authorized by ne board, or the	resolution duly adopted by its board of directors or by an officorporation has been notified in writing of the change.	cer so	
frank)	Como	Thomas Connolly, President Boca Bay	ou	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment to comply with the day of a familiar and familiar of the filed merely in the filed merely in the filed in	Printed or typed name and litte t as registered agent and agree to act in this capacity, the provisions of all statutes relative to the proper and comple with and accept the obligation of my position as registered ag to reflect a change in the registered office address, I hereby con to writing of this change.	te perfor ent. Or onfirm ti	rmance if this hat the
	nature of Registered /	_ 4/15/26		
If signing on be	half of an entity	:		
L	ouis Caplan, Esq.			
1	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 (04/13)