

724971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

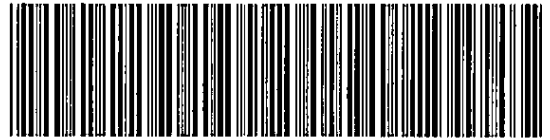
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**BOCA LINDA EAST ASSOCIATION, INC.**

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

724971

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

David Klein

\_\_\_\_\_  
Name of Contact Person

Milberg Klein PL

\_\_\_\_\_  
Firm/Company

5550 Glades Rd, Suite 500

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Klein

561

244-9461

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

BOCA LINDA EAST ASSOCIATION, INC.

1. The name of the corporation: BOCA LINDA EAST ASSOCIATION, INC.  
2. The principal office address: 9050 PINES BLVD. SUITE #480 PEMBROKE PINES, FL 33024  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation qualification: 12/7/72 Document number: 724971

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)

GERSTIN & ASSOCIATES

40 S.E. 5th Street Suite 610

Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Milberg Klein PL

5550 Glades Rd, Suite 500

Boca Raton, FL 33431

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 corporation has been notified in writing of the change.

Kim W. Winingham  
Signature of an officer or director

Kim W. Winingham  
Printed or typed name and title

Boca Linda East Treasurer

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.

[Signature]  
Signature of Registered Agent

11-7-19  
Date

If signing on behalf of an entity:

David Klein

Typed 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