## 759908

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: May 21, 2019

Order#: 752039/010

Re: BOCA LAGO COUNTRY CLUB, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	provisions of sections 607.0502, 617.0 unge is submitted for a corporation or er to change its registered office or reg	ganized under the l	aws of the State of 1	Florida	_
1. The name of	the corporation: Boca Lago Country C	llub, Inc.			
	office address: 8665 Juago Way, Boo		3-2099		
3. The mailing a	address (if different):		-		1 / 4 8 - 4 - 1
4. Date of incor	poration/qualification: 09/03/1981	Documen	759908 t number:		
	d street address of the current registere rtment of State: (If resigned, enter resig		red office on file wi	th the	
	Quarles, Kimberly				
	8665 Juego Way				
	Boca Raton	FL	33433		
6. The name and (if changed):	d street address of the new registered a	gent (if changed) ar	nd/or registered offi	ce	
	Corporation Service Company			<b>20</b>	
	1201 Hays Street			DHI Office ALL	-
	P.O. Box N Tallahassee	OT acceptable FL	32301	Y 23	(2000)
as changed will				Sign Personal Property of the Control of the Contro	
Such change wa authorized by th	is authorized by resolution duly adopt ne board, or the corporation has been i			ilicet so	
12	-h		GUASSMAN	PRRSI	omt
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified n Service Company	nd agree to act in stutes relative to th accept the obligat flect a change in th	he proper and comp tion of my position o he registered office	lete is registered address, I	
By: I)	nature of Registered Agent	05/21/2019	Date		
If signing on bel	half of an entity:				
Grace E. Kirby,	Asst.Vice President				
Ту	ped or Printed Name				
	* * * FILING F	EE: \$35.00 * * *			

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314