To:



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To:

Division of Corporations Fax Number : (850)617-6380

From:

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5 ° .

Account Name	:	C T CORPORATION SYSTEM
Account Number	:	FCA000000023
Phone	;	(954)208-0845
Fax Number	:	(614)573-3996

Enter the email address for this business entity to be used for future Definition and the second mailings. Enter only one email address please. DEFE

주준mail Address: '문화



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... 2 0 3 2023

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

1. The name of the corporation: BOCA ENTRADA PROPERTY OWNER'S ASSOCIATION, INC

2. The principal office address: 4890 W Kennedy Blvd #240, Tampa FL 33609

3. The mailing address (if different): _____

4. Date of incorporation qualification: 01/25/1982 Document number: 761575

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)

Kave Bender Rembaum.P.L.

9121 North Military Trail Suite 200

Palm Beach Gardens, FL 33410

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

C T Corporation System

4200 South Pine Island Road

P.O. Box: NO Faceptable

Plantation, Florida 33324

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

olby Robertson Signature of an officer or director

Colby Robertson VP/Director

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. Thereby confirm that the corporation has been notified in writing of this change.

	Linger Start	2/3/2023		20	
Sign	ature of Registered Agent	Date		-23	
If signing on beh	alf of an entity:		: · · · ·	HAR -	. لب
Sandra Zwijack. /	Assistant Secretary			N	<u> </u>
Typ	ned or Printed Name	_		<u>q</u>	0
* * * FILING FEE: \$35.00 * * *				ŝ	
MA		TO FLORIDA DEPARTMENT OF STATE IONS, P.O. BOX 6527, TALLAHASSEE.		34	

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