

Division of Corporations

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# AF500000196

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRIAN PROFESSIONAL SERVICES COA  
Account Number : 120160000009  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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## REGISTERED AGENT CHANGE

BOCA SEASONS 2300, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

APR 24 2017

S. YOUNG

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BOCA SEASONS 2300, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/25/2015 3. A15000000196  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

TIM A. SHANE, PA  
Name  
5301 N. FEDERAL HIGHWAY, SUITE 130  
Address  
BOCA RATON, FL 33487  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/Yevgeniy Yermakov  
Signature of General Partner

*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 an accept the obligations of my position as registered agent.*

by: *[Signature]*  
Signature of Registered Agent, *Asst Secretary to NRAI*

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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