A4300001120

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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05/09/14--01023--024 **35.00

2014 JUN -2 AM 10: 48

JUN 0 3 2014 J. BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: May 7, 2014

Order#: 088403/005

Re: BUSTER BOYNTON BEACH ASSOCIATES LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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:Sylvia Queppet

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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

2014 JUN - 2 AM IO: 48

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.

	BOYNTON BEACH ASSOCI				
2 1	0/29/1993 /registration in Florida	3	A93000	001120	
4. The name of the reg Department of State:	gistered agent and the registered offic	e address as s	shown on the r	records of the Florida	
	REGISTERED AGENTS LEG	AL SERVI	CES, LLC		
	155 OFFICE PLAZA DI	RIVE, SUI	TE A		
	Address				
	TALLAHASSEE	FL	32301		
	City, State and	Zip			
5. The name and Flori	da street address of the new registere	_		2014 JUN - 2	4
	Corporation Service	e Compan	<u>y</u>		***
	Name			拉拉 丁	r
	1201 Hays S	treet		122 - 1	E.
	Florida street address (P.O. B	ox not accept	table)		F
	Tallahassee	FL	32301	AM 10: 48 #F STATE FLORIES	t
	City, State and	Zip			
	ire effective when filed by the Florida OF DECAMANE LIPKIN President Partner	_	of State.		
comply with the provis	pointment as registered agent and ag sions of all statutes relative to the pro- an accept the obligations of my posi on Service Company d Agent Sylvia Queppet, Assi	per and comp tion as regist	plete performa ered agent.		
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50				