

A98000001424

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 060925 7375564
AUTHORIZATION : *Patricia Pajot*
COST LIMIT : \$ 35.00

ORDER DATE : April 21, 2003

ORDER TIME : 12:50 PM

ORDER NO. : 060925-050

CUSTOMER NO: 7375564

CUSTOMER: Arthur L. Gallagher
Equity One, Inc
1696 N.e. Miami Gardens Drive

North Miami Bea, FL 33179

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FALLBANKS, FLORIDA

CHANGE OF AGENT

NAME: BOCA VILLAGE SQUARE, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned 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 VILLAGE SQUARE, LTD.
Name of the limited partnership

2. June 9, 1998
Date of filing/registration in Florida

3. A98000001424
Document number assigned

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

Alan J. Marcus, Esq.
Name

20803 Biscayne Blvd., Ste 301
Address

Aventura, FL 33180
City, State and Zip

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Laura R. Dunlap
Signature of General Partner

Laura R. Dunlap, Attorney in Fact

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 obligations 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 limited partnership has been notified in writing of this change.

Corporation Service Company

Jeanine Reynolds
Signature of Registered Agent **Jeanine Reynolds**
as its agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**