(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

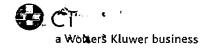
Office Use Only



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CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

March 31, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6606552 SO

Customer Reference 1: none given

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Boca Bay Development Group, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy Fulfillment Specialist Jennifer.Murphy@wolterskluwer.com SECRETART OF FORFORATION DIVISION OF FORFORATION

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is	Boca Bay Development Group, LL	.c		
		company is : 10955 Nacirema La		e, MD 2	<u>21153</u> .
November 16, 2004		L4000082834			
3. Date of filing/registration in Florida 4. Docu		4. Document nur	nber		
5. The name of the regist Florida Department of		istered office address as shown	on the records	of the	
	Woodard, Richard				
		Name			
	4720 S. E. 15th Ave				
	Como Corol El 3300	Address		2	0
	Cape Coral FL 3390	, State and Zip		8	NSE 35
6. The name and address of the new registered agent and/or office:			2006 MAR 3 l	CKETA	
	William Sholk				85.
		Name		<u> </u>	S. S. S.
	865 St. Rd. 434, Suit			£.	ÃĭĀ
	Florida street addres	ss (P.O. Box <b>NOT</b> acceptable)		կ։ կ2	3.E
	Altamonte Springs,	FL 32714			
	City,	State and Zip			
confirmed that after the c and the business office of liability company, it is he of the members of the lir or the operating agreemen	hange or changes are a the registered agent we reby confirmed that the nited liability compan- at of the limited liabili		of the register of a Florida li d by an affirm	red offi imited native v	ote/
(Signature of a member of author	-	•			
Bruce Brook, Merriber of Guif Coast Managers	, LLC, General Manager of GulfCoast P	roperties of Maryland, LLC, Managing Member			
(Printed or typed name of signee)					•
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address I hereby confirm (Signature of Registered Agent)	intment as registered as of all statutes relatived accept the obligation this document is being that the limited liabil.	agent and agree to act in this ca we to the proper and complete p ns of my position as registered a filed to merely reflect a change ity company has been notified in	pacity. I furth erformance of igent as provi in the registe i writing of the	her agr my du ded for red off is chan	ree to ties, in ice ige.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)