

LD4000082834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN -5 PM 3:05

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Boca Bay Development Group, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo Ellan Jordan  
(Name of Person)

Fedder and Garten Professional Association  
(Firm/Company)

36 South Charles Street, Suite 2300  
(Address)

Baltimore, MD 21201  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jo Ellan Jordan at ( 443 ) 524-1748  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Boca Bay Development Group, LLC

2. (a) Principal office address of limited liability company: 498 Palm Springs Drive  
(Note: MUST BE STREET ADDRESS) Suite 220  
Altamonte Springs, FL 32701

(b) Mailing address of limited liability company: 10955 Nacirema Lane  
(Note: MAY BE POST OFFICE BOX) Stevenson, MD 21155

November 16, 2004

L4000082834

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: William Sholk

Registered Office Address: 865 St. Road, 434 Suite A  
Altamonte Springs, FL 32714

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: William Sholk

NEW Registered Office Address: 498 Palm Springs Drive  
(MUST BE FLORIDA STREET ADDRESS) Suite 220  
Altamonte Springs, FL 32701

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bruce Sholk  
(Signature of a member or authorized representative of a member)

Bruce Sholk  
(Printed or typed name of signee)

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

William Sholk  
(Signature of Registered Agent)

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

INHS18 (05/08)

**FILED**  
2008 JUN -5 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA