## L05000087830

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Boyton Beach 1, LLC (Name of L	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
David Morris, Esq.	
(Name of Person)	
Law Office of David Morris (Firm/Company)	
900 E Ocean Blvd., #D-232	
(Address)	
Stuart, FL 34994	•
'(Citÿ/State and Zip Code)	
For further information concerning this matte	er, please call:
David Morris	at (_772)_781-6920
(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 followin	ng amount:
<b>✓</b> \$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.

I. The name of the limited liability company is: Boyton B	each 1,LLC	·
2. The mailing address of the limited liability company is	20423 State Road 7, Unit F6-Box	471,
Boca Raton, FL 33498		
09/07/2005	L05000087830	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered offic Florida Department of State:	e address as shown on the records of	the
Ninowtzka Mier, Esq.		
Name	00	里
633 SE 3rd Avenue, Suite 3 Address		3 × × × × × × × × × × × × × × × × × × ×
Ft. Lauderdale, FL 33301		CRE
City, State and Zip		7 9A
6. The name and address of the new registered agent and/or office:		RY OF CORP
David Morris, Esq.		<b>.</b> 552
Name		
900 E. Ocean Bivd., #D-232		
Florida street address (P.O. Box	(NOT acceptable)	
Stuart FL 34	994	
City, State and Z	íp	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registered ical. Or, in the case of a Florida limit was/were authorized by an affirmation rwise provided in the articles of organ	office ted ive vote
(Signature of a member or authorized representative of a member)		
Michael Miller		
Michael Miller (Printed or typed name of signee)	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production of all am familiar with and accept the obligations of my pool chapter 608 F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further sper and complete performance of my sition as registered agent as provided rely reflect a change in the registered has been notified in writing of this c	agree to y duties, d for in d office change.
(Signature of Registered Agent)  Division of Corporations, P.O. Box 63	27. Tallahassee, FL 32314	
Division of Corporations, 1.0. Dox 05	= : 5	

**FILING FEE: \$25.00** 

INHS18 (8/05)