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**EXAMINER** 

ONVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Plates of Coca East Ll  Name of Limited Liability Company
rante of Emilion Emonity 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:
Joan Doldberg
Name of Person
Pilates of BOCA East LLC
Firm/Company
2621 North Federal Highway
BOCA Raton FL 33431
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jagn 26/10/9 at SQ 703-7649  Name of Person at SQ Daytime Telephone Number
CERRET/COURTER ADDRESS MAN INC ADDRESS
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:	es Boca East LLC
2. (a) Principal office address of limited liability company	: 2621 North Federal His
(Note: MUST BE STREET ADDRESS)	BOX Raton F1. 33/131
	6 6
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
7/24/2006	L 060000 73456
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Ellis Hodes + soldling
Registered Office Address:	278 T Excolor Or Com
•	133431
(b) Enter name of NEW Registered Agent and/or NEV	V Degistared Office address:
NEW Registered Agent:	A1 2010/2
NEW Registered Office Address:	461 SE 1817 AVE
(MUST BE FLORIDA STREET ADDRESS)	Florida 1367.
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	-
Trans Goldberg	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office
Signature of Registered Agent	has been notified in writing of this change.

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