## L06000 116754

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. HAMPTON

APR - 7 2009

**EXAMINER** 

## COVER LETTER

+

Division of Corporations	
SUBJECT: Boca Hollywood, LLC	
	ne of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Lon Tabatchnick	
(Name of Person)	
Boca Hollywood, LLC	
(Firm/Company)	<del></del>
3501 N. Ocean Drive	
(Address)	
Hollywood, FL 33019	
(City/State and Zip Code)	•
E. C. d	otton places cell.
For further information concerning this m	atter, please can:
Lon Tabatchnick	at ( 954 ) 922-6491
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, i fortaa 525 17
Enclosed is a check for the follow	wing 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.

*		
1. Name of the limited liability company: Boca Holly	ywood, LLC	
2. (a) Principal office address of limited liability compa	any: 3501 N. Ocean Drive	
(Note: MUST BE STREET ADDRESS)	Hollywood, FL 33019	_ D
		_
(b) Mailing address of limited liability company:	3501 N. Ocean Drive	8
(Note: MAY BE POST OFFICE BOX)	Hollywood, FL 33019	<u> </u>
		_
n 115/06	10000440754	
3. Date of filing/registration in Florida	<u>L06000110754</u> 4. Document number	<del></del>
5. Date of filling/registration in Florida	4. Document number	
5 (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	Shear, David	
<b>.</b>		_
Registered Office Address:	201 Alhambra cicle	<u> </u>
	Suite 601 Coral Gables, FL 33134	
	•	TES 3
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address:	<b>全</b> 濟
(e) 2		PATE (
NEW Registered Agent:	Atkinson, Wilson, Esq.	200 E
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	One Financial Plaza	PORS
	Suite 1400	
,	Ft. Lauderdale Ft. Lauderdale Ft. Lauderdale Ft. Sasa 23	327
If the limited liability company is not organized under th	ne laws of the State of Florida, it is hereby confi	irmed
that after the change or changes are made, the Florida str	reet address of the registered office and the busi	ıness
office of the registered agent will be identical. Or, in the	d by an affirmative vote of the members of the	is limited
hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles	s of organization or the operating agreement of	the
limited liability company.		
(Signature of a member or authorized representative of a member)	<del></del>	
·		
Lon J. Tabatchnick (Printed or typed name of signee)	<del></del>	
I hereby accept the appointment as registered agent and	d agree to act in this capacity. I further agree t	ю
comply with the provisions of all statutes relative to the	proper and complete performance of my duties, on as registered agent as provided for in Chapt	, and I ter 608
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	a change in the registered office address, I her	eby
confirmanavine aprilea liability company per neer notif	ted in writing of this change	
(Signature of Registered Agent)	KINDIN	
(S.B.m.s.c St. Magneton C.Bom)	and all	

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