

LD9000018372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

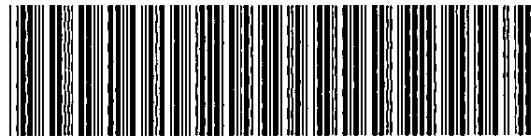
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT

APR 6 2017

Account#: I20000000088

Date: 04/05/2017

Name: Marisa Kugelmann

Reference #: M088069

ENTITY NAME: REFLECTIONS OF BOCA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

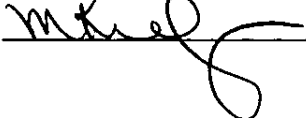
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

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Authorized Amount: \$25.00

Signature: 

Account#: I20000000088

Date: 04/05/2017

Name: Marisa Kugelmann

Reference #: M088069

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- ☐ Amendment
- ☐ Annual Report
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- ☐ Fictitious Name
- ☐ Other: _____

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TALLAHASSEE, FLORIDA

Authorized Amount: _____

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REFLECTIONS OF BOCA, 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:

Vikki Saeteurn

Name of Person

National Corporate Research, Ltd.

Firm/Company

1325 J. Street, Suite 1550

Address

Sacramento, CA 95814

City/State and Zip Code

ComplianceTeam@nationalcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vikki Saeteurn

Name of Person

at (866)

625-0837

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

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: REFLECTIONS OF BOCA, LLC

2. (a) 750 Park of Commerce Drive Suite 100 (b) 750 Park of Commerce Drive Suite 100

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Boca Raton, FL 33487

Boca Raton, FL 33487

02/16/2007

L07000018372

3. Date of filing/registration in Florida

4. Document number

5. (a) CT Corporation

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road Plantation, FL 33324

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33487

(b) National Corporate Research, Ltd., Inc.

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

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

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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.

Signature of a member or authorized representative of a member

Darryle Burnham, CFO

Printed or typed name of signer

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 605, 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.

Signature of Registered Agent

Vikki Sacturn, Assistant Secretary of National Corporate Research, Ltd.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00