## L11000089249

|                      | (Req        | uestor's Name)  | 32.7        |
|----------------------|-------------|-----------------|-------------|
|                      | (Ādd        | ress)           |             |
| -                    | (Add        | ress)           |             |
|                      | (City/      | /State/Zip/Phon | e #)        |
| PICK-UP              | >           | ☐ WAIT          | MAIL        |
|                      | (Busi       | iness Entity Na | me)         |
| <del></del>          | (Doc        | ument Number    | )           |
| Certified Copies     | <del></del> | Certificate     | s of Status |
| Special Instructions | to F        | iling Officer:  |             |
|                      |             |                 |             |
|                      |             |                 |             |
|                      |             |                 |             |
|                      |             |                 |             |

Office Use Only



300405438423

2023 APR -4 PH 12: 10

RECEIVED
2029 APR-4 PH 4: 14

J 415/2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| REFERENCE : 618760 8407218                      |  |  |  |  |  |  |
| COST LIMIT : \$ 2500                            |  |  |  |  |  |  |
| COST LIMIT : \$2500                             |  |  |  |  |  |  |
| ORDER DATE: March 28, 2023                      |  |  |  |  |  |  |
| ORDER TIME : 11:55 AM                           |  |  |  |  |  |  |
| ORDER NO. : 618760-007                          |  |  |  |  |  |  |
| CUSTOMER NO: 8407218                            |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| NAME: I.S. BOCA LAGO LLC                        |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |  |  |
| CERTIFIED COPY XX PLAIN STAMPED COPY            |  |  |  |  |  |  |
| CONTACT PERSON: Eyliena Baker EXT#              |  |  |  |  |  |  |

EXAMINER:

## 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.

| I. Na   | nme of the limited liability company:  I.S. BOCA LA  | GO LLC   |  |                    |
|---|--|--|--|--------------------|
| 2. (a)  |  | (b)  |  |                    |
| (,  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |                    |
|   | 2424 N. FEDERAL HIGHWAY #101   | 24   | 24 N. FEDERAL HIGHWAY #101   |                    |
|   | BOCA RATON, FL 33431-7746  | BC   | DCA RATON, FL 33431-7746   |                    |
|   | 08/03/2011   | L11  | 000089249  |                    |
| 3.  | Date of filing/registration in Florida   | 4.   | Document number  |                    |
| 5. (a)  |  |  |  |                    |
| J. (a)  | Registered Agent and Registered Office shown on the records o  | of the Florida Dep   | t. of State:   |                    |
|   | NRAI SERVICES, INC   |  |  |                    |
|   | Registered Office Address (MUST BE FLORIDA STREET  | (ADDRESS)  | 26   |                    |
|   | 1200 South Pine Island Road  | [<br>2023 APR  |  |                    |
|   | Plantation   | ., 33324   |  |                    |
|   | Plantation, F  | L  | <del></del>  |                    |
| (b)   |  |  | <del>- 0</del>   |                    |
| (0)   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | ed Office address  | PM 12: 1   |                    |
|   |  |  | Fe <b>1</b> 0  |                    |
|   | Corporation Service Company  |  | <u></u>  |                    |
|   | NEW Registered Office Address:   |  |  |                    |
|   | 1201 Hays Street   |  |  |                    |
|   | Tallahaaaa   | 20204  |  |                    |
|   | Tallahassee, F   | L  | <u></u>  |                    |
| change<br>agent v<br>was/we<br>the arti       | imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cless of organization or the operating agreement of the | e registered of<br>iability compa<br>of the limited          | fice and the business office of the registered<br>ny, it is hereby confirmed that the change(s)<br>liability company or as otherwise provided i  | !<br><b>)</b>      |
|   | ture of a member or authorized representative of a member  | Jill Cilmi   | , Authorized Person  |                    |
| Signat  | ture of a member or authorized representative of a member  |  | Printed or typed name of signee  |                    |
| provision<br>the oblit<br>to mere<br>notified | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, It in writing of this change.  The of Registered Agent      | ree to act in the performance ed for in Chap, hereby confiri | is capacity. I further agree to comply with a of my duties, and I am familiar with and acc<br>ter 605, F.S. Or, if this document is being find that the limited liability company has been | the<br>cept<br>led |

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