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T. HAMPTON

COVER LETTER

TO: Registration Section **Division of Corporations BOCA FL8, 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: ADAM SMALL Name of Person BOCA FL8, LLC Firm/Company 2500 N. MILITARY TRAIL STE 220 Address BOCA RATON, FL 33431 City/State and Zip Code asmall@barnescpas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADAM SMALL Name of Person 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 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.	Nar	ne of the limited liability company: BOCA FLB, LLC	
2.	(a)	Principal office address of limited liability company:	
		(Note: MUST BE STREET ADDRESS)	BOCA RATON, FL 33431
	(b)	Mailing address of limited liability company:	2500 N. MILITARY TRAIL SUITE 220
		(Note: MAY BE POST OFFICE BOX)	BOCA RATON, FL 33431
08/	20/13		L13000117845
3.	Dat	e of filing/registration in Florida 4	. Document number
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
		Registered Agent:	CORPORATION SERVICE COMPANY
		Registered Office Address:	1201 HAYES STREET FLO S
			TALLAHASSEE. FL 32301
	(b)	Enter name of NEW Registered Agent and/or NEW	
		NEW Registered Agent:	ADAM SMALL TO TO THE TOTAL TO T
		NEW Registered Office Address:	2500 N. MILITARY TRAIL SUITE 220
		(MUST BE FLORIDA STREET ADDRESS)	BOCA RATON .FL 33431
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.			
Sig	natur	e of a member or authorized representative of a member	
	AM SI		
		or typed name of signee	
co an Cr aa	here mply d I d hapte lares	by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer as, I hereby confirm that the limited liability company	ree 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 has been notified in writing of this change.

Signature of Registered Agent