## L13000 117864

(Red	questor's Name)					
(Add	dress)					
(Add	dress)	<u> </u>				
(City	//State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



900254779299

12/23/13--01044--015 \*\*75.00

2013 DEC 23 PM 3: 23
SECRETARY OF STATE
TALL AND SECRETARY OF STATE

DEC 2 6 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BOCA FL9, LLC  Name of Li	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
ADAM SMALL  Name of Person		
BOCA FL9, LLC  Firm/Company		
2500 N. MILITARY TRAIL S  Address  BOCA RATON, FL 3343		
City/State and Zip Code	<u> </u>	
asmall@barnescpas.com E-mail address: (to be used for future annual report no		
For further information concerning this matter	r, please call:	
ADAM SMALL	at (954 ) 465-6593	
Name of Person	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	g amount:	
■ \$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.

	(a)	Principal office address of limited liability compar	ny: 2500 N. MILITARY TRAIL SUITE 220					
		(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					
08/2	1/13		L13000117864					
3.	Dat	e of filing/registration in Florida	4. Document number					
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Agent:	CORPORATION SERVICE COMPANY		<del></del>	<del></del>		
		Registered Office Address:	1201 HAYES STREET	₹ SS	2013			
			TALLAHASSEE, FL 32301		<u> ယ</u>			
				<u>£</u> m	<u> </u>	1		
				S25	23			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address						
		NEW Registered Agent:	ADAM SMALL	eren era	P			
				脲품	က္			
		NEW Registered Agent.			N			
		NEW Registered Office Address:	2500 N. MILITARY TRAIL SUITE 220	<u>Q</u> M	Ě			
			2500 N. MILITARY TRAIL SUITE 220 BOCA RATON	- <del>G</del> A .FL₃	•			

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.

AL II	
Signature of a member or authorized coresentative of a member	
ADAM SMALL	
Printed or typed name of signee	_

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 608, 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

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