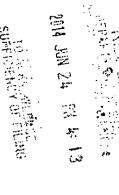
## 14000022055

(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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ION SERVICE COMPANY	•			
	ACCOUNT NO.	: 120000000	195	
	REFERENCE	: 133042	5152748	
	AUTHORIZATION _	Lovello of a	Wan)	
	COST LIMIT	£ 25.00		
ORDER DATE :	May 14, 2014			
ORDER TIME :	3:0 PM			
ORDER NO. :	133042-085			
CUSTOMER NO:	5152748			
	CHANGE OF AGE	ENT		
NAME:	BOCAR LAKEWOOD,	LLC		
PLEASE RETURN	THE FOLLOWING AS I	PROOF OF FIL	ING:	
	FIED COPY STAMPED COPY			

EXAMINER:

CONTACT PERSON: Emily Gray -- EXT# 62925



## 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.

		company: BOCAR LAKE			nur Godfrey Road
2. (a)	•	of limited liability company: ESTREET ADDRESS)	(b)		Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Miami	FL 33140		Miami, FL	. 33140
	02/10/2014			L1400002	
	Date of filing/reg	istration in Florida	4.		Document number
i. (a)	ROBERT BALOGH				
. ,	Registered Agent and Registere	d Office shown on the records o	f the Florida	Dept. of State:	:
	777 ARTHUR GODFRE	Y ROAD			
	Registered Office Address	MUST BE FLORIDA STREET	'ADDRESS)		
					•
	MIAMI BEACH	, F	L <u>33140</u>		
	!				
(b)	Corporation Service Cor				
	Enter name of NEW Registere	d Agent and/or NEW Registere	d Office add	ress:	
	1201 Hays Street				
	NEW Registered Office Addre				Ę., <b>9</b>
	National Control of the Control of t				<u>्र</u> ज
	•	A PA			
	Tallahassee	, F	L_32301		
he cha gent v vas/wa	nge or changes are made, will be identical. Or, in the ere authorized by an affirm	the Florida street address of case of a Florida limited	of the regis liability co of the limi e limited li	tered office mpany, it is ited liability iability com	
Signa	ture of a member or authorized r	epresentative of a member	LAU	RA ELLING	Printed or typed name of signee
I here provisi he obl o mer	hy accent the annointment	as registered agent and a to the proper and complet registered agent as provic registered office address,	gree to act le performa led for in C I hereby co	in this capa ince of my c hapter 605 infirm that i	acity. I further agree to comply with the duties, and I am familiar with and accep, F.S. Or, if this document is being filed the limited liability company has been
آگری	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	04		Emile	Gray
Signatu	re of Registered Agent Corpo	ration Service Company	BY:	Ass+	y Gray VP
	O Divisio	on of Corporations • P.O.	. Box 6327 FEE: \$25.		see, FL 32314