L17000120068

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2018

JAMIE POSNER 21656 JUEGO CUR, #23A BOCA RATON, FL 33433

SUBJECT: BOCA LAGO REAL ESTATE INVESTMENTS LLC

Ref. Number: L17000120068

We have received your document for BOCA LAGO REAL ESTATE INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 218A00018557

Octavia L Simmons Regulatory Specialist III

SEP 20 All 9: 43

COVER LETTER

TO: Registration Section Division of Corporations	
	LESTATE (NUCTIVENTS LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
JAME POSNER Name of Person	
BOCA LAGO REAL ESTATE II	NUESTMENTS LLC
21656 JUEGO CIRCLE :	# <u>23</u> A
BOCA CATUN FLORIDA City/State and Zip Code	<u> </u>
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
JAME POSNER at	(561) 221 7740
Name of Person	(S6 () 22 (7740) Area Code & Daytime Telephone Number
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 amo	unt:
U\$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 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: BOCA LAGO REAL ESTATE WESTNENTS LE	<u>-C</u>
2. (a)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
21656 JUEGO CIRCLE #23A 21656 JUEGO CIRCLE 1	123A
BOCA RATON FL 33433 BOCA RATON FL 33433	_
3. Date of filing/registration in Florida 4. Document number	
5. (a) LEGAL INC CORPORATE SERVICES, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
5237 SUMMERLIN COMMONS SUITE400	
627 MYEVES .FL 33907 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
(b) ADRIENAL POSNER Enter name of NEW Registered Agent and/or NEW Registered Office address: 22 23 26	
NEW Registered Office Address:	
216 56 JUEGO (WCLF #23A	
BOCA RATON .FL 33433	
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 register 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 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 accepted the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being file 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.	ie P pt Pd
Signature of Registered Agent	

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