## L17000128638

(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Stomos Link) Hamoj								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Siling Officer								
Special Instructions to Filing Officer:								

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: May 21, 2019

Order#: 752039/005

Re: BOCA HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

ì.	Na	ume of the limited liability co	эпрапу: Воса	Holdings, L	.LC		
2	(a)	8665 Juego Way		_ (b)	8665 Juego Way		
~.	(w)	Principal office address o	f limited liability co STREET ADDRES		_ ("/	Maili	ng address of limited liability company: one: MAY BE POST OFFICE BOX)
		Boca Raton	FL 30	3433		Boca Raton	FL 33433
		06/13/2017				L1700012863	38
3.		Date of filing/regis	tration in Florid	a	4.	Doc	rument number
5.	(a)	Capitol Corporate Service	es, Inc.				
- '	()	Registered Agent and Registered		records of th	ne Florida I	Dept, of State:	
		515 E. Park Ave					
		Registered Office Address (MUST BE FLORIDA STREET AL			DDRESS)	DRESS)	
		Floor 2	·	., .,			•
		Tallahassee		, FL_	32301	<del></del>	5
	(b)	Corporation Service Company   Enter name of NEW Registered Agent and/or NEW Registered Office address:   23					3 E C
		Tallahassee		FL_	32301		
the ag	e cha ent v as/wo	inge or changes are made, the vill be identical. Or, in the control of the contro	e Florida street a ase of a Florida tive vote of the n	address of t limited lial nembers of	he registe bility con the limit	ered office and apany, it is her ed liability co	a, it is hereby confirmed that after I the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in y.
	/s/ \$	Steven Danza			Steve	en Danza, Auth	norized Person
Signature of a member or authorized representative of a member					Printed or typed name of signee		
pr the to no	ovisi e obl mer otified	ons of all statutes relative to igations of my position as re ely reflect a change in the re d'in writing of this change.	o the proper and egistered agent a gistered office a	complete p is provided ddress, I ho	ertorma	ace of my dutic	e. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
Si	gnatu	re of Registered Agent Corpora	tion Service Co	mpany	BY: Gra	ace E. Kirby,	Asst. Vice President

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