117000140049

(Re	(Requestor's Name)				
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(***	741033)				
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☐ PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name)				
(De	ocument Number)	-			
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Certified Copies	Certificates of S	tatus			
Special Instructions to Filing Officer:					
 					
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K. SALY NOV 19 2018



October 25, 2018

BOCA FAMILY ENTERTAINMENT LLC HEMAL PARIKH 11411 W PALMETTO PARK RD, STE. B BOCA RATON, FL 33428

SUBJECT: BOCA FAMILY ENTERTAINMENT LLC

Ref. Number: L17000140049

We have received your document for BOCA FAMILY ENTERTAINMENT 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 518A00022022

Karen A Saly Regulatory Specialist II

()

COVER LETTER

TO:	Registration Section Division of Corporations					
	BOCA FAMILY ENTERTAINM	ENT LLC				
SUBJI	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	iclosed Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning this i	natter to the fo	ollowing:			
нем	AL PARIKH					
	Name of Person	<u>.</u>	-			
вос	A FAMILY ENTERTAINMENT LLC					
	Firm/Company		-			
1141	1 W PALMETTO PARK RD, SUITE	В	_			
	Address					
вос	A RATON, FL 33428					
	City/State and Zip Code		-			
	LANDBOCA@GMAIL.COM					
E	-mail address: (to be used for future annua	report notific	ation)			
For fur	ther information concerning this matter, pl	ease call:				
нем	AL PARIKH	561	370-9674			
	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	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
Enclosed is a check for the following 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 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

	une of the limited liability company: BOCA FAMILY BOCA FAMILY	Y ENTE	RTAINM	ENT LLC
	11411 W PALMETTO PARK RD	(b) 11411 W PALMETTO PARK RD		
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	_ (0)		failing address of limited liability company: (Note: MAYBE POST OFFICE BON)
	SUITE B	_	SUITE B	
	BOCA RATON, FL 33428	_	BOCA R	ATON, FL 33428
	06/28/2017	Į	1700014	0049
3.	Date of filing/registration in Florida HEMAL PARIKH	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 19197 SKYRIDGE CIRCLE	ne Florida l	Dept. of State	18 HOV 16
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		5 6 C
	BOCA RATON FL_	33498		# 8: 40
(b)	HEMAL PARIKH			10 A
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	
	11411 W PALMETTO PARK RD	_		
	NEW Registered Office Address:			
	SUITE B			
	BOCA RATON FL	33428		
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor the limi imited li	erea office npany, it is ted liability	thereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The Fin writing of this change.	ierjanina Livria	banter 605	FS Or if this document is being filed

Signature of Registered Agent