

L19000118524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

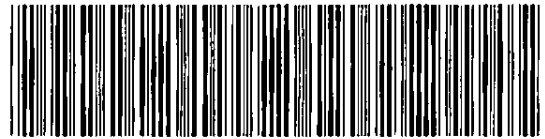
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 20 PM 12 54
CLERK OF STATE
OF MISSISSIPPI

A. RAMSEY

SEP 30, 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOCA WEST REALTY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL EUSTACE

Name of Person

BOCA WEST MASTER ASSOCIATION, INC.

Firm/Company

20540 COUNTRY CLUB BLVD., SUITE 105

Address

BOCA RATON, FL 33434

City/State and Zip Code

MEUSTACE@BOCAWESTMASTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL EUSTACE

at (561) 488-1598

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 WEST REALTY, LLC
2. (a) 7763 GLADES ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 2/3
BOCA RATON, FL 33434
- (b) P.O. BOX 3070
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
BOCA RATON, FL 33431
3. 05/01/2019 Date of filing/registration in Florida
4. L19000118524 Document number
5. (a) MICHELLE TANZER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
C/O NELSON MULLINS BROAD AND CASSEL
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1905 NW CORPORATE BLVD., SUITE 310
BOCA RATON, FL 3341
- (b) MICHAEL EUSTACE
Enter name of NEW Registered Agent and/or NEW Registered Office address:
C/O BOCA WEST COMMUNITY ADVISORS, LLC
NEW Registered Office Address:
20583 BOCA WEST DRIVE
BOCA RATON, FL 33434

FILED
2014 SEP 20 PM 12:54
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

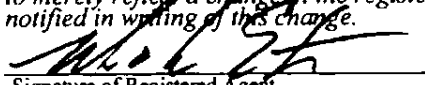
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

MICHAEL EUSTACE

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 605, 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