

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000119135 3)))



H140001191353ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

14 MAY 20 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
BOCA RATON BOULEVARD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RA/Rdch8  
@ 5/21/14

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Boca Raton Boulevard, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIM ARCHER

Name of Person

BOCA RATON BOULEVARD, LLC

Firm/Company

141 ISLAND SOLICITORS

Address

VERO BEACH, FL 32963

City/State and Zip Code

JIMARCHER@BIA@ME.COM

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

For further information concerning this matter, please call:

JIM ARCHER

Name of Person

at ( 561 )

784 - 2292

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: /

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 603.0114 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 Raton Boulevard, LLC
2. (a) 141 ISLAND SANCTUARY (b) \_\_\_\_\_  
Principal office address of limited liability company: \_\_\_\_\_  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
VERO BEACH, FL 32983 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
12/6/2007 M07000007107  
3. Date of filing/registration in Florida 4. Document number

5. (a) CT Corporation System  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

- (b) NRAI Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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

Printed or typed name of signer

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.

By: Katie Wenzel, Asst-Sec.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$29.00

INHS18 (2/14)

FL-113 - (03/04/07) - Mahesh Khanna (Online)

FILED  
CLERK OF COURT  
14 MAY 20 10 10 31