M. 080000002734

(Re	questor's Name)			
(Ad	dress)			
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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B. BOSTICK

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EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-309

Re: SF BOYNTON, 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 Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

SLCRL SAY STATE OF THE

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: SF BOYNTON, L	LC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		7900 Venture Center Way		
		Boynton Beach, FL 33437		
	(INDE: MUSI DE SIREEI ADDRESS)	Doynton Deaon, 1 L 30431		
/ L\	Mailing address of limited liability company	2 North Palafox Street		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		Pensacola, FL 32502		
	(Noie: MAT BE FOST OFFICE BOX)	T Chadola, T E 02002	• • •	
06/09/	22008	M08000002734		
	F-1			
3. Da	te of filing/registration in Florida	1. Document number		
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florida De	pt. of Sta	te:
		⊼.	∑ 23	
	Registered Agent:	Capitol Corporate Services, I		
				100
	Registered Office Address:	155 Office Plaza Dr., Suite A. Tallahassee, FL 32301		
		Tallahassee, FL 32301 925		į (P
				· i
		 .	FX	
(b)	Enter name of NEW Registered Agent and/or NEW	V Registered Office addres		ŧ
	NIPSS/ Desistant Assess	Corporation Service Compan	× 4	
	NEW Registered Agent:	Corporation Service Compan	<u>y — </u>	
	NEW Registered Office Address:	1201 Hays Street		
	(MUST BE FLORIDA STREET ADDRESS)			
		Tallahassee	,FL <u>32</u>	301
confir and th liabili the me the op	limited liability company is not organized under the lamed that after the change or changes are made, the Flue business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the re cal. Or, in the case of a Flor was/were authorized by an a	gistered rida limit affirmativ	office ed ve vote of
	Priebe, Authorized Person	-		
	or typed name of signee ,			
Dy.	eby accept the appointment as registered agent and as ly with the provisions of all statules relative to the pro- am familiar with and accept the obligations of my pos- ter 608, F.S. Or, if this document is being filed to men- iss, I hereby confirm that the limited liability company oration Service Company Lade Akan	gree to act in this capacity. per and complete performa sition as registered agent as rely reflect a change in the r has been notified in writing	I further nce of my provided egistered g of this c	agree to duties, l for in l office hange.
Eliz	abeth A. Dawson, Asst. Vice President			

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

INHS18 (05/08)