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Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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

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LLC REGISTERED AGENT CHANGE **BOCA NW65, LLC**

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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.	N	ame of the limited liability company: Boca NW65, I	LC.			
2.	(a)	_				_
		Principal office address of timited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mail:	ing address of limited liability compa-	ny: J
		903 N.W. 65TH STREET	8	00 SUPER	RIOR AVE E 21ST FL	
		BOCA RATON, FL 33487	_ <u>c</u>	LEVELAN	ID, OH 44114	
		09/15/2010		00000010	>=	
3.		Date of filing/registration in Florida	- M.1 4.	<u>00000040</u> Doc	L/ /	
5	(a)	CORPORATION SERVICE COMPANY				
٥.	(4)	CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of the	he Florida Der	ot, of State:		
		1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET A	DDRESS			
			222000)			
		TALLAHASSEE ,FL	32301-25	525		
(b)	United Agent Group Inc.			SECRET:	
		Enter name of NEW Registered Agent and/or NEW Registered (Office addres:	I:	EAR S	
					Fig. 1	
		801 US Highway 1				F 2
		NEW Registered Office Address:			- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	
					100 H	5
						_
		North Palm Beach , PL3	3340ጵ		•	
			-			
cnan agen was/	ige it w wei	mited liability company is not organized under the laws or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	egistered of ility compa the limited	fice and the ny, it is here liability con	business office of the registere by confirmed that the change	ed
me a	utic	ies of organization of the operating agreement of the life	mited liabil	ity company	/.	
Sig	AZ.	hal Jasaph ue of a member of authorized representative of a member	Rachel	Joseph, A	Attorney- in- Fact	
The	rah	Vaccent the appointment as registered about and annual	s en mas i- el		ted or typed name of signee	1
he o	blig	v accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pe zations of my position as registered agent as provided f y reflect a change in the registered office address, I her in writing of this change.	e to act in the erformance for in Chapt reby confirt	us capacity, of my duties ter 605, F.S. n that the lir	I further agree to comply with and a stand I am familiar with and a stand a stand a standard from this being mited liability company has being the standard from the standard	i the ccept filed en
<i>Ra</i> Signi	A A	of Regitered Agent Rachal Joseph, Special Secret	tary			