## NOURU

(R	equestor's Name)		
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(A	ddress)		
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,			
(C	ity/State/Zip/Phone #	)	
PICK-UP	☐ WAIT	MAIL	
(В	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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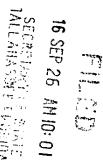
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SEP 2 9 201



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute inge is submitted for a corporation organized under the laws of the State of Florida			
**	r to change its registered office or registered agent, or both, in the State of Florida			
1. The name of	the corporation: BONAIRE AT WOODMONT NO. 4, INC.			
2. The principal	office address: 7707 N.W. 79 AVE. TAMARAC, FL 33321			
<del></del>		,		
	address (if different): c/o Moody Accounting Services			
	JNIVERSITY DR SUITE E PLANTATION, FL 33324			
4. Date of incorp	poration/qualification: 08/24/1984 Document number: N04847	<del>7</del>		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	;		
	Brough, Chadrow & Levine, P.A.			
	1900 North Commerce Parkway			
	Weston, FL 33326	<b>-</b> 1		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECRE V	16 SEP 2	
	Brough, Chadrow & Levine, P.A.		رن	5
	2149 North Commerce Parkway	10 mg		
	P.O. Box NOT acceptable		0:0	
	Weston, FL 33326	٠		
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	stered ag	ent,	
Such change was authorized by ti	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	r so		
Signatu	re of an officer or director Printed or typed name and title			
avent. Or. ii in	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re is document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	gistered ress, I		
Sig	nature of Registered Agent Date		_	
If signing on be	half of an entity:			
	yped or Printed Nume			
	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)