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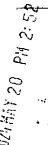
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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

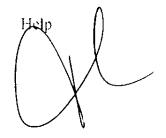
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REGISTERED AGENT CHANGE BOCA POINTE FORMER EQUITY MEMBERS, INC.

Certificate of Status	0	
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By:

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

statement of cha	nge is submitted for a corporation organ	92, 607.1508, or 617.1508, Florida Stati nized under the laws of the State of Flor tered agent, or hoth, in th <mark>e State</mark> of Flori	ida	
1. The name of t	he corporation: BOCA POINTE FORME	R EQUITY MEMBERS, INC.		
	office address: 6369 BRAVA WAY			
3. The mailing a				
		Document number: N25344		
	street address of the current registered atment of State: (If resigned, enter resign	agent and registered office on file with the	пе	
	Tanzer, Michelle F , C/O Nelson Mullins	Riley & Scarborough LLP		
	1905 NW Corporate Boulevard, Suite 310)		
	Boca Raton, FL 33431		- ئ	20
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				2024 MAY 20
	C T Corporation System		AS:	
	1200 South Pine Island Road		::::::::::::::::::::::::::::::::::::::	AM
	P.O Be Plantation, Florida 33324	ox NOT acceptable	四层	1: 22
The street addre	ess of its registered office and the street be identical.	t address of the business office of its re	gistered	agent,
Such change was	as authorized by resolution duly adopte be board, or the corporation has been n	ed by its board of directors or by an officitied in writing of the change.	icer so	
Signatu	Printed or typed name and title	Mar	k Nelles	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta id I am familiar with and accept the ob ng filed merely to reflect a change in to s been notified in writing of this change	nd agree to act in this capacity tutes relative to the proper and comple ligation of my position as registered as he registered office address, I hereby c 2.	te perfo zent. Oi onfirm t	rmance r if this hat the
C T Corporation	System \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5/1/2024		
Sig	ramire of Registered Agent	Date		
If signing on be	chalf of an entity:			
Lauren Joh	nnson, Assistant Secretary			
T	yped or Printed Name * * * UTLINC D	FF. \$25.00 * * *		