

N93000003618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

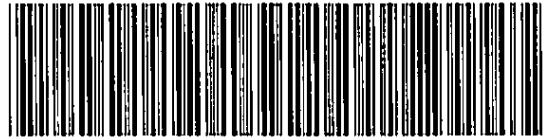
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. Legex gave
authorization to correct
application. 10/25

Office Use Only



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11/02/18--01024--001 **\$5.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 25 PM 12:13

OCT 29 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boca Isles Property Owners
Name of Corporation

DOCUMENT NUMBER: N930000003618

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Leser
Name of Contact Person

Boca Isles Property Owners
Firm/Company

19331 Preserve Drive
Address

Boca Raton, FL. 33498
City/State and Zip Code

jleser@campbellproperty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Rosen at (561) 477-9261
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
OCT 25 PM 12:19

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Boca Isles Property Owners
2. The principal office address: 19331 Preserve Drive
Boca Raton, FL. 33498
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/10/1993 Document number: N93000003618
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Gerstin & Associates
8930 West State Road 84 #121-N
Davie, FL, 33324
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Gerstin & Associates
40 SE 5th St. #610
Boca Raton, FL. 33432

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

LORAN JOVANOVIK, PRESIDENT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

9/26/18
Date

If signing on behalf of an entity:

Joshua Gerstin, Esq.
Typed or Printed Name

*** FILING FEE: \$35.00 ***