

N 97000006503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

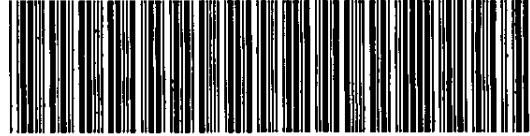
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 19 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boca Park Condo 2 Assn. Inc.
Name of Corporation

DOCUMENT NUMBER: N97000006503

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:

Joan S. Bieler

Name of Contact Person

Gator Mgmt. of S. Florida

Firm/Company

615 Emerald Way East

Address

Deerfield Beach, FL 33442

City/State and Zip Code

gatormgmt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan S. Bieler

Name of Contact Person

at (954-360-0666)

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

**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 Park Condominium 2 Association, Inc.
2. The principal office address: 6001 Old Court Road
Boca Raton, FL 33433
3. The mailing address (if different): 615 Emerald Way East, Deerfield Beach, FL 33442
4. Date of incorporation/qualification: _____ Document number: N97000006503
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)

Michael J. Feldman - Resigned
20283 State Road 7 Suite 400
Boca Raton FL 33498

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Larry E. Schner P.A.
370 Camino Gardens Blvd. Suite 204
P.O. Box NOT acceptable
Boca Raton, FL 33432

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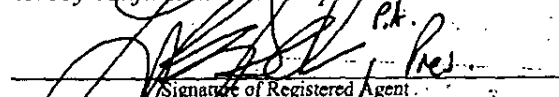
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Julie Kagan Vice 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.

 Res. April 21, 2016
Signature of Registered Agent Date

If signing on behalf of an entity:

Larry E. Schner
Typed or Printed Name

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