

PO/000/12894

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

ONE BOCA PLACE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

06 FEB -8 AM 8:00

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB -8 AM 9:12

FILED

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: One Boca Place, Inc.
2. The principal office address: 1801 Hermitage Blvd., Suite 100, Tallahassee, FL 32306
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/28/2001 Document number: P01000112894

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David E. Todd
1801 Hermitage Blvd., Suite 100
Tallahassee, FL 32308

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

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.

Debbie J. Newmark (Signature of an officer or director)
Debbie J. Newmark, Secretary (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 of Registered Agent)
02/08/2006 (Date)

If signing on behalf of an entity:
Jennifer F. Aultman
Assistant Secretary
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314
CR2E045 (8/05)