P04000050411

(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:

Office Use Only



000032076360

04/08/04--01034--011 **35.00

O4 APR-8 PH 12: 31

SECRETARY OF STATE
TALLAHASSEF F STATE

RA change

T BROWN APR 1 4 2004

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
the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: Boca Discount Golf, Inc.
2. The mailing address of the corporation is: 2800 N. Federal Highway, Boca Raton, FL 3343
3. Date of incorporation/qualification: March 19, 2004 Document number: P04000050411
4. The name and address of the current registered agent and office:
UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FLORIDA 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Paul R. Kane
, 2800 N. Federal Highway
Boca Raton, FL 33431
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.
3-24-04
(Signature of an Officer, chairman or vice chairman of the board) (Date)
PAUL R. KANE, PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Constitution)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS