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(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		



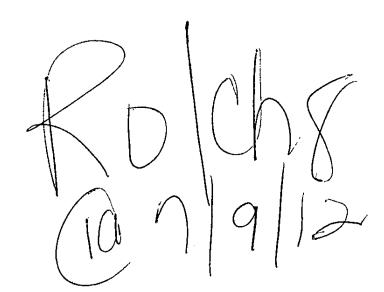


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JIVISION OF CORPUSEES

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Boca Web Creations, Inc.

Name of Corporation

P10000010021

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:

Julie F. Goodwin

Name of Contact Person

Boca Web Creations, Inc.

Firm/Company

6230 Amberwoods Drive

Address

Boca Raton, FL 33433

City/State and Zip Code

jpmgood@gmail.com

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

For further information concerning this matter, please call:

Julie F. Goodwin

₂561 \706-000

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

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

1:

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: 2. The principal office address: 6230 Amberwoods Drive, Boca Raton, FL, 33433		
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 2/2/2010 Document number: P10000010021	
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Phillip D. Goodwin	
	2675 N.W. 29th Street	
	Boca Raton, FL 33434	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
•	6230 Amberwoods Drive (address changed)	
,	P.O. Box NOT acceptable	
	Boca Raton, FL 33433	
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
July	e of an officer or director Owner, Boca Web Creations, In	
17	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Phills 5	D. Hooding 7/2/12 Date Date	
Sign	nature of Registered Agent Date	
If signing on bel	half of an entity:	
	pped or Printed Name	

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