P1600050400

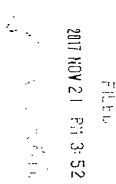
(Re	equestor's Name)	,		
(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name	e)		
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Certified Copies	Certificates c	of Status		
Special Instructions to Filing Officer:				





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C. GOLDEN NOV 22 2017

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: EAST BOCA REALTY, INC.					
Name of Corporation					
DOCUMENT NUMBER: P16000056406					
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:					
Giancarlo Godz					
Name of Contact Person					
EAST BOCA REALTY, INC.					
Firm/Company					
200 W PALMETTO PARK RD, SUITE 101					
Address					
BOCA RATON, FL 33432					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Giancarlo Godz561 501-1001					
Giancarlo Godz Name of Contact Person Name of Contact Person 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 Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	Florida	his ——	-
1. The name of t	he corporation: EAST BOCA F	REALTY, INC.			
2. The principal	office address: 200 W PALM ATON, FL 33432	ETTO PARK RD,SUITE 101			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/30/20	Document number: P1600	000564	06	. /=
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wresigned)	vith the		
	Giancarlo Godz		_		
	400 S DIXIE HWY SUIT	TE 200	43 1	201	
	BOCA RATON, FL 334	32		NON 2	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered o	ffice	2017 NOV 21 FH 3:	FILEU
	200 W PALMETTO PAI	RK RD,SUITE 101	= :	52	
	BOCA RATON, FL 334	32	_		
The street addre	ess of its registered office and the be identical.	street address of the business office of i	ts register	ed age	nt,
Such change wa authorized by th	s authorized by resolution duly a se boardy or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so)	
//MIA	and Jode	Giancarlo Godz VP	ne -		-
l further agree i performance of agent. Or, if thi	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offi	nplete n as revis	tered i, I	
Sign	nature of Registered Agent	Date	.	_	-
lf signing on be	half of an entity:				
	rped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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