P17000014302

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BOCA YACHT MANAGEMENT INC

Name of Corporation

OCUMENT NUMBER: P17000014302

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:

JEFFREY FRUCHT

Name of Contact Person

BOCA YACHT MANAGEMENT INC

Firm/Company

3100 SOUTH DIXIE HYWY #H98

Address

BOCA RATON FL 33432

City/State and Zip Code

JFRUCHT@COX.NET

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

For further information concerning this matter, please call:

JEFFREY FRUCHT

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

statement of cha	nge is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of or registered agent, or both, in the State of	FLORIDA	
1. The name of t	the corporation: BOCA YA	CHT MANAGEMENT INC		
2. The principal	office address: 3100 SO DI	XIE HYWY #H98		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 2/10/1	7 Document number: P170	000014302	
	I street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file er resigned)	with the	
	JEFFREY FRUCHT			
	466 NW 38 St	,	19 18	
	BOCA RATON FL 334	131	FILE APR 12 LAHASSE	
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered of	office : E	
	JEFFREY FRUCHT		6: 2: Okib	
3100 SO DIXIE HIGHWAY #H98				
	BOCA RATON FL 334	O. Box NOT acceptable		
The street address changed will	ess of its registered office and t be identical.	he street address of the business office of	its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	y adopted by its board of directors or by as s been notified in writing of the change.	n officer so	
الر ـ	Jeffrey Frucht, Vice President Signature of an object or director Printed or typed name and title			
I hereby accept I further agree to performance of	the appointment as registered to comply with the provisions o my dulies, and I am familiar w	Printed or typed name and agent and agree to act in this capacity. If all statutes relative to the proper and court and accept the obligation of my positively to reflect a change in the registered off notified in writing of this change.	omplete on as registered	
	- fund	April 8/ 2019		
Sig	nature of Registered Agent	Date		
	half of an entity:			
Jeffrey Fruc	ONI yped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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