P21000105574

(Re	equestor's Name)		
(Ac	ddress)		
(A)			
(At	ddress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Bi	usiness Entity Name)		
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
1	mile		
	Office Use Only		



100440540791

12/10/24--01010--009 **35.00



7050 W. Palmetto Park Road 15-249 Boca Raton, FL 33433

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www.servingtheworld.net a



December 3, 2024

BY WAY OF USPS TRACKING NUMBER 9405509105156106410277

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 Attn:

Re: Registered Agent Change: Peak Activity, LLC (M2200000200); Boca Sun Associates, Inc. (P21000105574)

Dear Sir/Madam.

I have attached a Statement of Change of Registered Agent for <u>Boca Sun Associates</u>, Inc., and the required \$35.00 fee.

Also, I have attached a Statement of Registered Agent Change for <u>Peak Activity, LLC</u>, along with the required \$25.00 fee.

If you have any questions, please do not hesitate to contact my office, and I will gladly accommodate.

Sinecrel

Justin Bennett, Esq.

/w Encl.

COVER LETTER

TO:

Amendment Section Division of Corporations

. . .

SUBJECT: Boca Sun Associates, Inc.	
Name of Corporation	
DOCUMENT NUMBER: P21000105574	
The enclosed Statement of Change of Registered C	office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Justin Bennett	
Name of Contact Person	
Helen S. Bennett, P.A.	
Firm/Company	
7050 W. Palmetto Park Rd. 15-249	
Address	
Boca Raton, FL 33433	
City/State and Zip Code	
jbennett@servingtheworld.net	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ase cali:
Justin Bennett	at (954) 261-2266 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of change is subm	itted for a corporation orga	02, 607.1508, or 617.1508, Florida . nized under the laws of the State of $\frac{1}{2}$	Florida
		tered agent, or both, in the State of F	ilorida.
1. The name of the corporati	on: Boca Sun Associates, Inc		
2. The principal office addre Davie, FL 33314	SS: 3100 Ray Ferrero Jr. Blvd	. Suite 5003C	
3. The mailing address (if di	fferent):		
4. Date of incorporation/qua	lification: 12/27/2021	Document number: P2100010	05574
	ess of the current registered tte: (If resigned, enter resign	agent and registered office on file wined)	ith the
C T Corpor	ation System		_
1200 Pine 1	sland Rd.		_
Plantation,	FL 33324		-
6. The name and street address (if changed):	ess of the new registered ago	ent (if changed) and /or registered of	
Helen S. Be	nnett, P.A.		2074 DEC
7050 W. Pa	Imetto Park Rd. 15-249		
	P.O. B	ox NOT acceptable	
Boca Raton	, FL 33433	··-	- ' - :
The street address of its reg as changed will be identical	istered office and the stree	t address of the business office of it	•
Such change was authorize authorized by the board, or	d by resolution duly adopte the corporation has been n	ed by its board of directors or by an otified in writing of the change.	officer so
Manish B Hirapara		Manish Hirapara	
Signature of an officer	or director	Printed or typed name and to	tle
at my dulles, and Lam tami	nar wiin ana accept ine oo rely to reflect a change in t	nd agree to act in this capacity. Itutes relative to the proper and con ligation of my position as registere he registered office address, I here e.	a ageni. Or, ij mis
MA		December 2, 2024	
Signature of Regist	ered Agent	Date	
if signing on behalf of an e	ntity:		
Tustin Belief	Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)