I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRYSTAL SCHOCH

Electronic Signature of Signing Officer/Director Detail

15200 JOG ROAD SUITE B 8 DELRAY BEACH, FL 33446

DOCUMENT# P09000027392

Entity Name: BOCA THERAPY INC

### **Current Mailing Address:**

15200 JOG ROAD SUITE B 8 DELRAY BEACH, FL 33446

# FEI Number: 61-1594944

# Name and Address of Current Registered Agent:

SCHOCH, KRYSTAL 15200 JOG ROAD SUITE B 8 DELRAY BEACH, FL 33446 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

		-	-	
SIGNATURE:	KRYSTAL SCHOCH			12/11/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	SCHOCH, KRYSTAL	Name	HAUPT, NICOLE	
Address	15200 JOG ROAD SUITE B 8	Address	15200 JOG ROAD SUITE B 8	
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446	

Certificate of Status Desired: No

12/11/2020 Date

PRESIDENT

FILED Dec 11, 2020 Secretary of State 2490654278CC

### 2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT