

P18000016818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

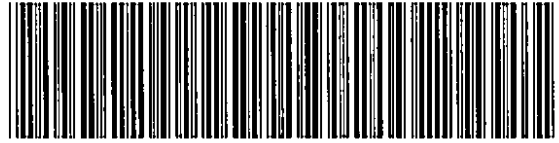
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Construction Concept, INC  
Name of Corporation

**DOCUMENT NUMBER:** P18000016818

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:

Alexandre Kotlyarov  
Name of Contact Person  
New Construction Concept, INC  
Firm/Company  
50 Leanni Way, Unit C-1  
Address  
Palm Coast, Florida, 32131  
City/State and Zip Code  
a45kiwi@gmail.com  
E-mail address: (to be used for future annual report notification)

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nikolai Sarakhman at ( 301 ) 6330908  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2018

ALEXANDRE KOTLYAROV  
NEW CONSTRUCTION CONCEPT, INC  
50 LEANNI WAY, UNIT C-1  
PALM COAST, FL 32131

SUBJECT: NEW CONSTRUCTION CONCEPT, INC  
Ref. Number: P18000016818

We have received your document for NEW CONSTRUCTION CONCEPT, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

We will need an additional \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 618A00017511

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New Construction Concept, INC
2. The principal office address: 50 Leanni Way Unit C-1, Palm Coast, Florida, 32131

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/19/2018 Document number: P18000016818

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) 49 Pitt Ln., Palm Coast, Florida 32164

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 50 Leanni Way Unit C-1, Palm Coast, Florida, 32131

P.O. Box NOT acceptable

18 SEP 10 PM 2: 10
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.

Signature of an officer or director

Alexandre Kolyarov DIRECTOR
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

09/02/2018
Date

If signing on behalf of an entity:

Typed or Printed 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 (03/12)