

P180000016818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

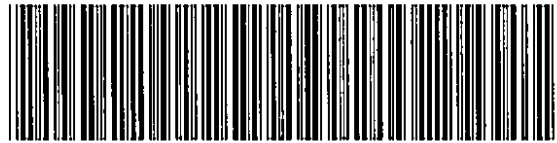
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Certificates of Status _____

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Wrong Form

Office Use Only



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18 SEP 10 PM 2:10
STATE OF NEW YORK
CLERK OF THE SUPREME COURT
JULIA E. GILBERT

RA Chang

SEP 19 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Construction Concept, INC
Name of Corporation

P18000016818
DOCUMENT NUMBER:

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)

For further information concerning this matter, please call:

Nikolai Sarakhman 301 6330908
Name of Contact Person at () 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

18 SEP 10 PM 2:10

RECEIVED
SEP 16 2010
DIVISION OF CORPORATIONS
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

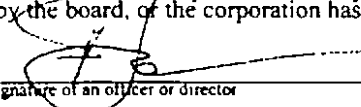
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

50 Leanni Way Unit C-1, Palm Coast, Florida, 32131

P.O. Box NOT acceptable

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)

18 SEP 10 PM 2:10

RECEIVED
DIVISION OF CORPORATIONS
SEP 10 2018