

F 12000000299

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TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 14 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONCEPT SPECIAL RISKS LTD INC
Name of Corporation

DOCUMENT NUMBER: F12000000299

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:

Michele Pemberton

Name of Contact Person

Absolute Accounting

Firm/Company

4801 S University Drive, Ste 217

Address

Davie, FL 33328

City/State and Zip Code

m_pember@absoluteaccountingcpa.com

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

For further information concerning this matter, please call:

Michele Pemberton at (754) 300-9740

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**

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: Concept Special Risks Ltd Inc
2. The principal office address: 1000 Fifth St # 200
Miami Beach, FL 33139
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/23/2012 Document number: F12000000299

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)

Margaret Defoe CPA LLC

16103 SW 107th Place

Miami, FL 33157

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

Absolute Accounting and Business Solutions, Inc

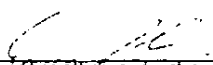
4801 S University Drive, Suite 217

P.O. Box NOT acceptable

Davie, FL 33328

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, or the corporation has been notified in writing of the change.

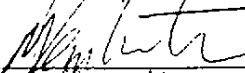


Signature of an officer or director

Michael Calvert

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

06/05/2017

Date

If signing on behalf of an entity:

Michele Pemberton

Typed or Printed Name

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