

L040000 17084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

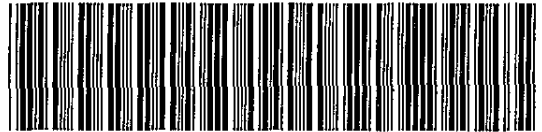
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CONSTELLATION CONCIERGE, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000017084

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:

FRASER ALLPORT

(Name of Contact Person)

THE CONSTELLATION CONCIERGE, LLC

(Firm/Company)

625 MELALEUCA LANE

(Address)

MIAMI, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

FRASER ALLPORT

(Name of Contact Person)

at (305) 898-4988

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 21, 2005

FRASER ALLPORT
625 MELALEUCA LANE
MIAMI, FL 33137

SUBJECT: ~~OVILLE, LLC~~
Ref. Number: L02000017084

THE CONSTELLATION CONCIERGE

The Constellation Concierge

We have received your document for ~~OVILLE, LLC~~ and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 405A00068510

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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connection please!
correct reference # is!
L04 0000 17084

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: THE CONSTELLATION CONCIERGE LLC
2. The mailing address of the limited liability company is: 625 Melaleuca Lane
Miami FL 33137

03/04/2004
3. Date of filing/registration in Florida

L04000017084
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Dovey, Robin H Esq
Name
1185 Immokalee Rd, #110
Address
Naples, FL 34110
City, State and Zip

6. The name and address of the new registered agent and/or office:

David F Simon CPA % The Simon-Crair Group, CPA's
Name
8925 SW 148 St. Suite 218
Florida street address (P.O. Box NOT acceptable)
Miami, FL 33176
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Fraser L. Allport 11/28/05
(Signature of a member or authorized representative of a member)

FRASER L. ALLPORT
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Simon
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00