L05000038680

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

OCT 2 5 2013 T. 147 (2013)

COVER LETTER

TO: Registration Section **Division of Corporations** High Concept Media, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Glenn Bossik Name of Person High Concept Media, LLC Firm/Company 11211 South Military Trail, Apt. 1212 Address Boynton Beach, FL 33436 City/State and Zip Code glennbossik@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Glenn Bossik Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 ARCHIOCHT CO Enclosed is a check for the following amount: □ \$25 Filing Fee \$55 Filing Fee & Certified Copy



RECEIVED

13 OCT 24 PM 3: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 15, 2013

GLENN BOSSIK 11211 S MILITARY TRAIL APT 1212 BOYTON BEACH, FL 33436

SUBJECT: HIGH CONCEPT MEDIA, LLC

Ref. Number: L05000038680

We have received your document for HIGH CONCEPT MEDIA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton Regulatory Specialist III Registration/Qualification Section

Letter Number: 813A00024101

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. Na	ame of the limited liability company: High Concept Media, i	rc		
2. (a)	Principal office address of limited liability compan	y: 11211 South Military Trail		
(b)	(Note: MUST BE STREET ADDRESS)	Apt. 1212		
		Boynton Beach, FL 33436		
	Mailing address of limited liability company:	11211 South Military Trail		
	(Note: MAY BE POST OFFICE BOX)	Apt. 1212		
		Boynton Beach, FL 33436		
04/20/20	005	L05000038680		
3. Date of filing/registration in Florida		4. Document number		
5. (a	Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:	
	Registered Agent:	PRESIDENTIAL SERVICES INCORPORATED		
	Registered Office Address:	1217 CAPE CORAL PKWY.		
	3	#300	A 20	
		CAPE CORAL, FL 33904		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office ad	CT 24	
	NEW Registered Agent:	Glenn Bossik	- [Ш
	NEW Registered Office Address:	11211 South Military Trail	6	0
	<u>(MUST BE FLORIDA STREET ADDRESS)</u>	Apt. 1212	<u> </u>	
		Boynton Beach	<u>,</u> FL <u>3€336</u>	
confir and th liabili the man	limited liability company is not organized under the med that after the change or changes are made, the Fine business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwhereating agreement of the limited liability company.	lorida street address of the tical. Or, in the case of a was/were authorized by	ie registered offi Florida limited an affirmative v	ote of
	re of a member or authorized representative of a member			
Glenn Be	or typed name of signee	_		
I here compl and I Chapt addre.	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pram familiar with and accept the obligations of my pair to 8, F.S. Or, if this document is being filed to me ss. I hereby confirm that the limited liability compants.	igree to act in this capaci oper and complete perfor ssition as registered agen irely reflect a change in to y has been notified in wri	ty. I further agi mance of my du t as provided fo he registered of iting of this char	ree to ties, r in lice ige.
Signatu	re of Registered Agent			

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