

L11000037689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

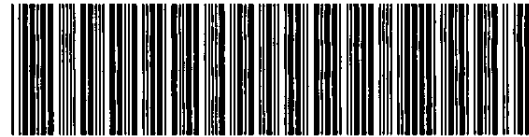
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TALLAHASSEE, FLORIDA

2013 NOV 20 PM 4:17

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2013

ARMAN MOTIWALLA
1700 N. DIXIE HIGHWAY SUITE 142-144
BOCA RATON, FL 33432

SUBJECT: ONE CONCIERGE LLC
Ref. Number: L11000037689

We have received your document for ONE CONCIERGE 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 LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 213A00026088

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Concierge 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:

Arman ~~Montiwalla~~ MOTIWALLA
Name of Person

One Concierge LLC
Firm/Company

1700 N Dixie Hwy STE 142-144
Address

Boca Raton FL 33432
City/State and Zip Code

arman@oneconcierge.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arman ~~Montiwalla~~ MOTIWALLA at (561) 245-5155
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2018 NOV 20 PM 4:17
TALLAHASSEE, FL 32314
FILED

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. Name of the limited liability company: One Concierge LLC
2. (a) Principal office address of limited liability company: 1700 N Dixie Hwy STE 142-144
Boca Raton FL 33432
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1700 N Dixie Hwy STE 142-144
Boca Raton FL 33432
(Note: **MAY BE POST OFFICE BOX**)

3/29/11

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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:

Dustin Shroff

Registered Office Address:

1700 N. Dixie Hwy STE 142-144
Boca Raton FL 33432

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Arman Motiwalla MOTIWALLA

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1700 N. Dixie Hwy STE 142-144
Boca Raton FL 33432
FL

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.

Signature of a member or authorized representative of a member

ARMAN MOTIWALLA

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Signature of Registered Agent

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