## 11000117037

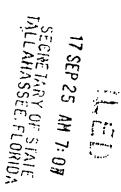
(Requestor's Name)		
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SEP 26 2017

## COVER LETTER

LLC

TO: Registration Section Division of Corporations		
SUBJECT: Concepts To Concepts Name of Limit	apabilities Consulting and 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:		
Grant A. Begley Name of Person	<u>/</u>	
Self- Firm/Company		
8866 Lake Irma Point		
Orlando FC 32817 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Grant A. Begley at (407) 697-3205  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	S55 Filing Fee & Certified Copy	

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

10/100	
1. Name of the limited liability company:	apabilities Consult
2. (a) 88CC Lake Irma Point (b) 88CC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Lake Trma Poin  ailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Orlando, FC 32817 Orla	ando, FL 32817
	0001/7037 Document number
5. (a) BUSINESS FILINGS INCORPORAT  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	4
Plan tation ,FL 33324  (b) Grant A. Begley  Enter name of NEW Registered Agent and/or NEW Registered Office address:  8866 Lake Irma Point  NEW Registered Office Address:	17 SEP 25 AM 7: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Onlando, FL 32817	
If the limited liability company is not organized under the laws of the State of Flor the change or changes are made, the Floridal street address of the registered office a agent will be identical. Or, in the case of a Florida limited liability company, it is I was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability compositions of a member or authorized representative of a member  I hereby accept the appointment as registered agent and agree to act in this capactorovisions of all statutes relative to the proper and complete performance of my distributions of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.  Signature of Registered Agent	company or as otherwise provided in any.  I further agree to complete the business office of the registered the change(s) company or as otherwise provided in any.

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