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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

#### CONCEPT INVESTMENT 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:

### **EUGENIO MARRAPODI**

Name of Person

#### CONCEPT INVESTMENT LLC

Firm/Company

1335 S VENETIAN WAY

Address

MIAMI 33139 FL

City/State and Zip Code

#### EUGENIO.MIAMI@GMAIL.COM

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

For further information concerning this matter, please call:

#### **EUGENIO MARRAPODI**

...646

807 8012

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

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# \*

INHS18 (5/08)

## \* 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	me of the limited liability company: CONCEPT INVEST	TMENT LLC			
• .					
2. (a) Principal office address of limited liability			<del></del>		
	(Note: MUST BE STREET ADDRESS)	MIAMI - 33139 - FL			
(h)	Mailing address of limited liability company:	1335 S VENETIAN WAY			
(Note: MAY BE POST OFFICE BOX)		MIAMI - 33139 - FL	<del></del>		
06 15 00	nia.	L12000079445			
06.15.20		4. Document number			<del></del>
J. Dai	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown or	the records of the Flori	da Dept.	of Sta	ate:
Registered Agent:		LEWIS MICHAEL			
	Registered Agent.				
Registered Office Address:	Registered Office Address:	475 NORTHEAST 50TH TER	RACE		
	-	MIAMI - 33137 - FL			<del></del>
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			الله يحتر والله <b>دلا</b>	دنة -	congress
(b)	Enter name of NEW Registered Agent and/or NI	EW Registered Office a	ddress:	AOA	1. 1
		CHORNIO MADDADODI	(S) 38	$\sim$	Comments.
	NEW Registered Agent:	EUGENIO MARRAPODI	<u> </u>	S	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1335 S VENETIAN WAY	بير تت	PM	rn
		MIAMI 33139 FL	Q.5.	<u>-</u>	j Westings
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confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the le business office of the registered agent will be idently company, it is hereby confirmed that the change embers of the limited liability company or as otherwherating agreement of the limited liability company.	Florida street address of ntical. Or, in the case of s) was/were authorized by wise provided in the artic	tne regis	sterea a limi	office
Signatu	re of a member of authorized representative of a member	<del></del>			
	,				
	IIO MARRAPODI				
	or typed name of signee				
I here compli and I Chapt addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the pam familiar with and accept the obligations of my parties to 8, or within document is being filed to a ss. I hereby confirm that the limited liability compa	l agree to act in this capt proper and complete per position as registered ag nerely reflect a change it iny has been notified in v	icity. I fi formance ent as pr n the regi writing of	urthen of m ovide istere f this	r agree to y duties, d for in d office change.
Signati	ure of Registered Agent				
	Division of Corporations, P.O. Box	6327, Tallahassee, FL	32314		

**FILING FEE: \$25.00** 

INHS18 (05/08)