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SECRETARY OF STATE

7013 DEC 31 ANIO:

JAN - 8 2013 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONSTRUCTION CONCIERGE GROUP 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:
PETR IVANOV Name of Person
CONSTRUCTION CONCIERGE GROUP LC Firm/Company
1000 5th St. Suite # 200
MIAMI BEACH FL 33139 City/State and Zip Code
INFO @ CCQROUP MIAMI. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PETR IVANOV at (805) 636-6363 Name of Person Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount: ALREADY SUBMITTED WITH
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy



RECEIVED

14 JAN -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 12, 2013

PETR IVANOV 1000 5TH ST STE 200 MIAMI BEACH, FL 33139

SUBJECT: CONSTRUCTION CONCIERGE GROUP LLC

Ref. Number: L13000036984

We have received your document for CONSTRUCTION CONCIERGE GROUP 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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 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

Letter Number: 913A00028319

**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: Construction	N CONCIERUR GROUP LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	737 5th St. MIAMI BEACH, FL 33139
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME OF ABOVE
13000 3.8.2013 3. Date of filing/registration in Florida	13000036984 4. Document number
5. (a) Registered Agent and Registered Office shown on the	^ -
Registered Agent:	PETR IVANOV
Registered Office Address:	737 5th Street, MIAMI BEACH FL 33139
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1000 5th. St. Suite # 200 MIAMI BEACH FL 33139
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Petr TVANOV Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or if this document is being filed to mer address, I hereby confirm that the limited liability company	ave of the State of Florida, it is berahy

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