

L13000045364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

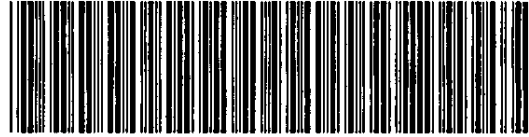
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**JUN 21 2013**  
**A. LUNT**

Office Use Only



700248338687

06/20/13--01008--013 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUN 20 PM 3 00

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Concierge Buyer's Realty of Naples, 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:

**Peter Riccardelli**

Name of Person

**Concierge Buyer's Realty of Naples, LLC**

Firm/Company

**160 Vintage Circle, #202**

Address

**Naples, Fl. 34119**

City/State and Zip Code

**petericc12@gmail.com**

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

For further information concerning this matter, please call:

**Peter Riccardelli**

Name of Person

at ( **239** ) **784-2232**

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

2013 JUN 20 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Concierge Buyer's Realty of Naples, LLC

2. (a) Principal office address of limited liability company: 160 Vintage Circle, #202  
 (Note: **MUST BE STREET ADDRESS**) Naples, Fl. 34119

(b) Mailing address of limited liability company: 160 Vintage Circle, #202  
 (Note: **MAY BE POST OFFICE BOX**) Naples, Fl. 34119

March 26, 2013  
 3. Date of filing/registration in Florida

L13000045364  
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Peter Riccardelli

Registered Office Address: 999 Vanderbilt Beach Road, Suite 200  
Naples, Fl. 34108

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

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)**  
 \_\_\_\_\_  
 \_\_\_\_\_, 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.

Peter Riccardelli  
 Signature of a member or authorized representative of a member

Peter Riccardelli  
 Printed or typed name of signee

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

FILED  
 2013 JUN 20 PM 3:00  
 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE