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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

___239

784-2232

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

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 compa (Note: MUST BE STREET ADDRESS)	any; 160 Vintage Circle, #202 Naples, Fl. 34119	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	160 Vintage Circle, #202 Naples, Fl. 34119	
March 26, 2042	14000045004	
3. Date of filing/registration in Florida	4. Document number	N 20
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Upra J
Registered Agent:	Peter Riccardelli	
Registered Office Address:	999 Vanderbilt Beach Road, Suite 2 Naples, Fl. 34108	00 3 8
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the entical. Or, in the case of a c(s) was/were authorized by wise provided in the article.	e registered office Florida limited an affirmative vote of
Peter Riccardelli Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capaci proper and complete perfor position as registered agen merely reflect a change in t any has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change.

Signature of Registered Agent