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(F	Requestor's Name)	
(A	.ddress)	
Α)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	lusiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status	
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COVER LETTER

Registration Section TO: Division of Corporations Concept By Renata LucchiniTravel, LLC - Registered Agent Address Update SUBJECT: 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: Renata Lucchini Name of Person Concept By Renata Lucchini Travel, LLC - DBA Concept Travel ----Firm/Company 103 Via Poinciana ST. Address Boca Raton, FL 33487 City/State and Zip Code renata.lucchini@conceptrl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 352-8948 OV 786-514-2848 Renata Lucchini 786 Name of Person Area Code & Daytime Telephone Number Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee ■ \$55 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.

I. Na	ame of the limited liability company:	nata LucchiniTra	vel, LLC
2. (a)	103 Via Poinciana ST. Boca Raton, FL 33487	(b) 10:	3 Via Poinciana ST. Boca Raton, FL 33487
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/27/2015	L150	000056057
	Date of filing/registration in Florida	4.	Document number
. (a)	Renata Lucchini		
	Registered Agent and Registered Office shown on the records of 2950 NE 188TH STREET	t. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	SUITE 534		
	AVENTURA,	33180	
	, r	`L	<u> </u>
(b)	Renata Lucchini	<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	<u>:</u>
	103 Via Poinciana ST.		<u>'a</u> !
	NEW Registered Office Address:		
	Boca Raton , F	33487	
hange gent v vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lastere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of liability compar of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o merc	by accept the appointment as registered agent and agoing of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to act in the e performance ed for in Chapt hereby confire	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signatu	re of Registered Agent		