## 1/03000000391

(Requestor's Name)						
(Address)						
(Address)						
(City/	State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
	•					

F

Office Use Only



900295398569

02/10/17--01029--012 \*\*25.00

2017 FEB | O AMII: 15
SLCRETARY OF STATE
TALL AMASSEF, FLORIDA

K. SALY FEB 1 4 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: February 8, 2017

Order#: 498715-007

Re: HISTORICAL CONCEPTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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	me of the limited liability company: Historical Conc	epts, LLC	;	
2.	(a) .		(b	)	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		430 Prime Point, Suite 103		, <del>************************************</del>	property plants are transported by the state of the state
		Peachtree City, GA 30269		***************************************	
		01/27/2003	<u> </u>	M030000	,
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Registered Agent and Registered Office shown on the records of			-
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	e:
		C T Corporation System			•
		Registered Office Address (MUST BE FLORIDA STREET	<u> ADDRESS</u>	2	
		1200 South Pine Island Road			
		Plantation , FI	L <u>33324</u>	ļ	MITEBIO MILISTATE SECRETARSSEL, FLORID
,	(b)	Corporation Service Company			TEEB 10 MII: 15 ALLAHASSEL FLORID
		Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	<u>dress</u> :	SERGE TO
		1201 Hays Street			. To
		NEW Registered Office Address:			ROD TO
					-
		Tailahassee , FI	32301		
the age was	cha nt w	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited line authorized by a affirmative vote of the members of organization or the operating agreement of the	f the reginability co of the lim	stered office ompany, it is uted liability	e and the business office of the registered: s hereby confirmed that the change(s) y company or as otherwise provided in
	ŀ	Am / who	<del></del>	Aaros	T Daily
I h pro the to n not	erek visit obli nere ified	dre of a member of authorized repusentative of a member by accept the appointment or registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.  Office of Registered Agent Corporation Service Company	e perform ed for in ( hereby c	ance of my o Chapter 605 onfirm that	dunes, and I am familiar with and accept-

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