

W08000001074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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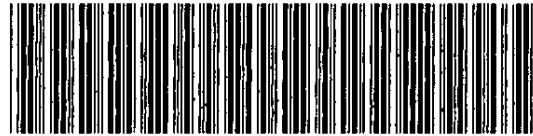
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 1 - 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Concierge Pack & Ship 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:

Gil T. Leon, Esq.
(Name of Person)

Concierge Pack & Ship LLC
(Firm/Company)

28380 Old 41 Road, Unit 6B
(Address)

Bonita Springs, Florida 34135
(City/State and Zip Code)

For further information concerning this matter, please call:

Gil T. Leon, Esq. at (630) 487-0909
(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

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TALLAHASSEE, FLORIDA

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 Pack & Ship LLC

2. (a) Principal office address of limited liability company: 28380 Old 41 Road, Unite 6B
(Note: **MUST BE STREET ADDRESS**) Bonita Springs, Florida 34135

(b) Mailing address of limited liability company: Same as above
(Note: **MAY BE POST OFFICE BOX**)

March 5, 2008

M08000001074

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Augie K. Fabela, Sr.

Registered Office Address: 2180 Immokalee Road
Suite 304
Naples, Florida 34110

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

NEW Registered Agent: Gil T. Leon, Esq.

NEW Registered Office Address: 2180 Immokalee Road
(**MUST BE FLORIDA STREET ADDRESS**) Suite 304
Naples, FL 34110

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.

Augie K. Fabela
(Signature of a member or authorized representative of a member)

Augie K. Fabela, Sr.
(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.

Gil T. Leon, Esq.
(Signature of Registered Agent)

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

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