

m11000003280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

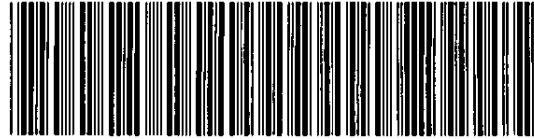
(Business Entity Name)

(Document Number)

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S. WARREN

OCT 19 2017



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: October 18, 2017

Account#: I20000000088

Name: Marisa Kugelmann

Reference #: M093942

Entity Name: CONCERT HEATHROW, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Marisa Kugelmann

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCERT HEATHROW, 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:

Kathleen LaGrange

Name of Person

Concert Golf Management

Firm/Company

1200 Bridgewater Dr.

Address

Heathrow, FL 32746

City/State and Zip Code

klagrang@concertgolfclubs.com

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

For further information concerning this matter, please call:

Kathy LaGrange

Name of Person

at (561) 676-8129

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 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

1. Name of the limited liability company: <u>CONCERT HEATHROW, LLC</u>	
2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i> <u>1 COASTAL OAK</u> <u>NEWPORT COAST, CA 92657</u>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i> <u>1 COASTAL OAK</u> <u>NEWPORT COAST, CA 92657</u>
3. <u>06/27/2011</u> Date of filing/registration in Florida	4. <u>M11000003280</u> Document number
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> <u>TK Registered Agent, Inc.</u> <u>Registered Office Address (MUST BE FLORIDA STREET ADDRESS)</u> <u>101 E. Kennedy Boulevard Suite 2700</u> <u>Tampa, FL 33602</u>	
(b) <u>COGENCY GLOBAL INC.</u> <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>115 North Calhoun Street, Suite 4</u> <u>NEW Registered Office Address:</u> <u>Tallahassee, FL 32301</u>	

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.

X <u></u> Signature of a member or authorized representative of a member	X <u>PETER J. NANULA</u> Printed or typed name of signer
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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 605, F.S. Or, if this document is being filed to merely reflect a change in my registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Marisa Kugelmann
Signature of Registered Agent Asst. Secretary

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

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