12/13/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003601363)))



41.00003601363A9C9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Co	•	
	Fax Number	: (850)617-6383	
From:			<u></u> _ 1
	Account Name	: C T CORPORATION SYSTEM	2019
	Account Number	~ : FCA000 00 0023	
·	Phone	: (614)280-3338	DEC Alla
	Fax Number	; (9 54)208-084 5	∑ . C
			ψ: <u>–</u>
			E 60
**Enter	the email addre	ss for this business entity to b	e used for future
ar	nnual report mail	ings. Enter only one email addre	ess please. ** 💆
			်င္ဆည္း ထူး
En	nail Address:		
•			C

LLC REGISTERED AGENT CHANGE CONCERT HEATHROW, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Please keep file date

Electronic Filing Menu 2/13/2019

Help

ō;

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

l. Na	me of the limited liability company: CONCERT HEA	THROW, L	.LC				
2. (a) <u>.</u>							
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	A	failing addre	ess of limited (Y BE POS)	l liability o	company:
						2019	
	6/27/2011		M110000		<u> </u>		*****
3.	Date of filing/registration in Florida	4.		Documen	t number	DEC 1	graphics graphics b
5. (a)					er in	Ó	rn
	Registered Agent and Registered Office shown on the records of	the Florida I	Sept. of State	:		P	· (*)
	COGENCY GLOBAL INC.				ر د) ر	ထု	
	Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)				8: 42	
	115 NORTH CALHOUN STREET Suite 4				7*		
	Tallahassee , FI	32301					
	C T Corporation System						
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>'ess</u> :				
	NEW Registered Office Address	<u></u>	·				
	1200 South Pine Island Road						
	Plantation, FI	33324					
the cha agent v was/wo	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor of the limi	ered office upany, it is ted liability	and the ti hereby company	ousiness of onfirmed t	hat the c	ne registered :hange(s)
	/ Margaret Mohan		garet Moha		zed Person		
	ture of a member or authorized representative of a member			Printed or	typed name	of signee	
provisi the obl to mere	by accept the appointment as registered agent and ug- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change. CT Corporation System Terrie Bates, Assistant Secretary	performa d for in C hereby co	nee of my e hantër 605	umes, and . F.S. Or.	a 1 am jan -if this do:	unar wu cument i	n ana accept s heing filed

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

Signature of Registered Agent