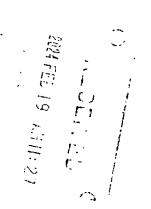
M17000003819

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





800423978958



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: CONCIERGE AUCTIONS, LLC						
2.	(a)			(b)	I		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		228 Park Avenue S, PMB 70835			228 Park A	venue S, PMB 70835	
		NEW YORK, NY 10003	_		NEW YOR	K, NY 10003	
		05/03/2017		١	M170000038	319	
3.		Date of filing/registration in Florida	4.	_	I.	Document number	
5.	(a)					·	
٥.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATE CREATIONS NETWORK INC.					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						<u>-</u>	
	801 US HIGHWAY 1						
		NORTH PALM BEACH	33408	 3		•	
		, FL					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O			ress:		
NEW Registered Office Address:							
1201 Hays Street							

		Tallahassee	32301				
cha age was	inge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of organization or the operating agreement of the	registe: bility c f the lin limited	red on mit lia	l office and npany, it is hed liability ability comp	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in	
S	ignat	ure of a member or authorized representative of a member		•	ı	rinted or typed name of signee	
I h pro the to n not	ereb visio obli nere ifìed	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ee to ac perforn I for in vereby c	et i nar Cl	n this capac nce of my du napter 605, h nfirm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been	
Sig	natur	e of Registered Agent	GRAC	ΕI	E. KIRBY, A	ASST. VICE PRESIDENT	