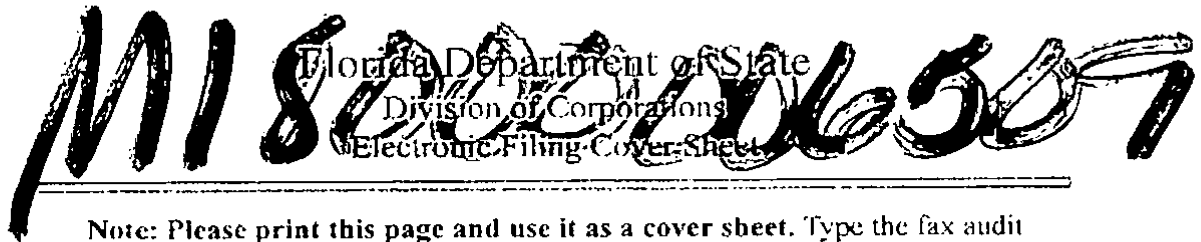


Division of Corporations

<https://efile.sunbiz.org/scripts/efilecov>

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.

(((H19000076291 3)))



H190000762913ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROSENTHAL LAW GROUP
Account Number : 120000000101
Phone : (954) 384-5200
Fax Number : (954) 384-0017

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: martin@konceptsystems.com

LLC REGISTERED AGENT CHANGE
KONCEPT SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

19 MAR -6 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 07 11:17:46

(((H19000076291 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KONCEPT SYSTEMS, 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:

RYAN M MARTIN

Name of Person

KONCEPT SYSTEMS, LLC

Firm/Company

15802 SYLVAN LAKE DRIVE

Address

HOUSTON, TEXAS 77062

City/State and Zip Code

RMARTIN@KONCEPTSYSTEMS.COM

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

For further information concerning this matter, please call:

RYAN M MARTIN

Name of Person

at (832)659-8002

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

(((H19000076291 3)))

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: KONCEPT SYSTEMS, LLC
2. (a) 3602 STRAWBERRY ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
PASADENA, TEXAS 77504
- (b) 3602 STRAWBERRY ROAD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PASADENA, TEXAS 77504
3. 07/11/2018
Date of filing/registration in Florida
4. M18000006509
Document number
5. (a) BLANCO, ERNESTO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10755 SW 244TH TERRACE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
HOMESTEAD, FL 33032
- (b) ALEX ROSENTHAL
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2115 NORTH COMMERCE PARKWAY
NEW Registered Office Address:
WESTON, FL 33326

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.

[Signature]
Signature of a member or authorized representative of a member

[Signature]
Printed or typed name of signer

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 the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$35.00