

M 22869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

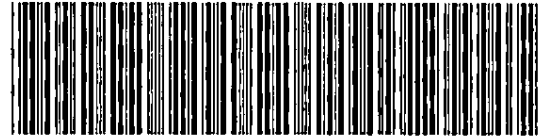
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SECRET

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONCEPT COMMUNIQUE, INC.
Name of Corporation

DOCUMENT NUMBER: M22869

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT FARMER

Name of Contact Person

CONCEPT COMMUNIQUE, INC.

Firm/Company

PO BOX 880836

Address

PORT ST. LUCIE, FL 34988

City/State and Zip Code

RFARMER@CONCEPTCOMMUNIQUE.COM

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

For further information concerning this matter, please call:

ROBERT FARMER

Name of Contact Person

at (772) 800-3909

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONCEPT COMMUNIQUE, INC.
2. The principal office address: 430 NW SUNVIEW WAY, PORT ST. LUCIE, FL 34986-2655
3. The mailing address (if different): PO Box 880836, PORT ST. LUCIE, FL 34988
4. Date of incorporation/qualification: 11/01/1985 Document number: M22869
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FARMER, ROBERT MR

11901 MYRTLE OAK COURT

PALM BEACH GARDENS, FL. 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT FARMER

430 NW SUNVIEW WAY

P (), Box NOT acceptable

PORT ST. LUCIE, FL 34986-2655

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert Newman
Signature of an officer or director

ROBERT FARMER, PRESIDENT

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robert X. Turner
Signature of Registered Agent

JANUARY 10, 2022

Date _____

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(CR2E045 (04/13))