

P07000081323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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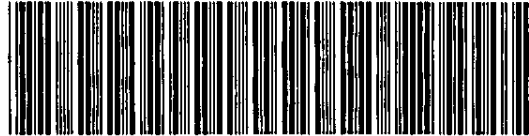
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: "ALL FOR YOU" CONCIERGE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P07000081323 FEI/EIN Number 68-0656956

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:

LAWRENCE ROSENBERG

Name of Contact Person

"ALL FOR YOU" CONCIERGE SERVICES, INC.

Firm/Company

3719 RED MAPLE CIRCLE

Address

DELRAY BEACH, FL. 33445

City/State and Zip Code

TINGRIN1@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LAWRENCE ROSENBERG at **561** **573-5415**

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: "ALL FOR YOU" CONCIERGE SERVICES, INC.
2. The principal office address: 3719 RED MAPLE CIRCLE, DELRAY BEACH, FLORIDA 33445

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/17/2007 Document number: P07000081323 FE/ EIN Number 68-0656956

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)

MARTON-ROSENBERG, BARBARA L 5624 LINTON BLVD A304 DELRAY BEACH, FL 33484

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

ROSENBERG, LAWRENCE 3719 RED MAPLE CIRCLE DELRAY BEACH, FL 33445

P.O. Box NOT acceptable

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.

Lawrence Rosenberg
Signature of an officer or director

LAWRENCE ROSENBERG, DIR.
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.

Lawrence Rosenberg
Signature of Registered Agent

12/31/15
Date

If signing on behalf of an entity:

LAWRENCE ROSENBERG
Typed or Printed Name

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