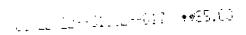
P21000094992

(Requestor's Name)			
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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: COMMUNITY CONCEPTS OF FLORIDA INC Name of Corporation DOCUMENT NUMBER: P21000094992 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: Steven Kretsch Name of Contact Person COMMUNITY CONCEPTS OF FLORIDA INC Firm/Company 950 Brickell Bay Dr APT 2505 Address Miami, FL 33131 City/State and Zip Code steve@communityconceptsfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Kretsch Area Code & Daytime Telephone Number Name of Contact Person

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

CR2E045 (04/13)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 66 ange is submitted for a corporation organized fer to change its registered office or registered	under the laws of the State of Florida	
1. The name of (the corporation: COMMUNITY CONCEPTS	OF FLORIDA INC	
	al office address: 950 Brickell Bay Dr APT 250		
	address (if different):		
~	rporation/qualification: 11/04/21	Document number: P21000094992	
5. The name and	nd street address of the current registered agent artment of State: (If resigned, enter resigned)		
	Steven Kretsch		
	950 Brickell Bay Dr APT 2505		
	Miami FL 33131		
6. The name and (if changed):	nd street address of the new registered agent (if	changed) and /or registered office	
	Registered Agents Inc.		
	7901 4th St N STE 300		
	P.O Box NO St. Petersburg FL 33702	l'acceptable	
The street addresses changed will	ress of its registered office and the street addi	ress of the business office of its registered agent,	
Such change wa authorized by th	ras authorized by resolution duly adopted by the board, or the corporation has been notifie	its board of directors or by an officer so d in writing of the change.	
		teven Kretsch, President	
	Argust an officer of director	Printed or typed name and title	
I hereby accept I further agree of of my duties, an document is bei corporation has	if the appointment as registered agent and age to comply with the provisions of all statutes and amplications of all statutes and amplications in the register matter and accept the obligations filed merely to reflect a change in the regist been notified in writing of this change.	ree to act in this capacity. relative to the proper and complete performance on of my position as registered agent. Or, if this gistered office address. I hereby confirm that the	
Bee Have	0	8/18/2022	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Bill Havre			
T	Typed or Printed Name		
	* * * FILING FEE: S	\$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)