

F11 000 000 752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

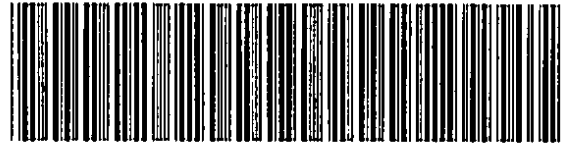
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2021

CARMINE IOSUE  
1025 W EVERETT RD  
LAKE FOREST, IL 60045

SUBJECT: IOSUE ASSOCIATES, INC.  
Ref. Number: F11000000752

We have received your document for IOSUE ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 021A00022047

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IOSUE ASSOCIATES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

CARMINE IOSUE

\_\_\_\_\_  
Name of Contact Person

IOSUE ASSOCIATES, INC.

\_\_\_\_\_  
Firm/Company

1025 W. EVERETT ROAD

\_\_\_\_\_  
Address

LAKE FOREST, IL 60045

\_\_\_\_\_  
City/State and Zip Code

CARMINE@IOSUEASSOCIATES.COM

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

For further information concerning this matter, please call:

CARMINE IOSUE

\_\_\_\_\_  
Name of Contact Person

at ( 847 ) 571-8119

\_\_\_\_\_  
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 ILLINOIS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IOSUE ASSOCIATES, INC.  
2. The principal office address: 1025 W. EVERETT ROAD, LAKE FOREST, IL 60045

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/18/2011 Document number: F11000000752

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)

CARMINE IOSUE  
3281 38TH WAY SO. STE E  
ST. PETERSBURG, FL 33711

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

CARMINE IOSUE  
334 E. LAKE ROAD, STE 241  
P.O. Box NOT acceptable  
PALM HARBOR, FL 34685-2427

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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.

  
Signature of an officer or director

CARMINE IOSUE, DIRECTOR  
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.*

  
Signature of Registered Agent

10/14/2021  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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