

A08000000102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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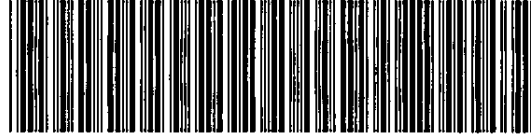
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 18 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISAACSON INVESTMENTS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A08000000102

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

Please return all correspondence concerning this matter to:

Kevin M. Carroll, President and CEO

Contact Person

Lang Management Company, Inc.

Firm/Company

790 Park of Commerce Boulevard, Suite 200

Address

Boca Raton, Florida 33487

City, State and Zip Code

webmaster@langmanagement.com

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

For further information concerning this matter, please call:

Kevin M. Carroll

Name of Contact Person

at ( 561 )

Area Code and Daytime Telephone Number

750-8800

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 JUL 15 10:25

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ISAACSON INVESTMENTS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/29/08 3. A08000000102  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William K. Isaacson  
Name  
21045 Commercial Trail  
Address  
Boca Raton, Florida 33486  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

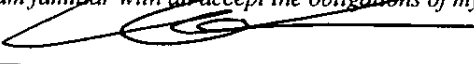
William K. Isaacson  
Name  
790 Park of Commerce Boulevard, Suite 200  
Florida street address (P.O. Box not acceptable)  
Boca Raton FL 33487  
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

\_\_\_\_\_  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50