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COVER LETTER

on of Corporations				
SUBJECT: ISI Controls, Ltd.				
Name of Limited Pa	rtnership or Limi	ted Liability L	imited Partnership	
NUMBER:	B0800000089			
Statement of Change on tited for filing.	of Registered C	Office and/or	Registered Agent and	
all correspondence cor	ncerning this m	atter to:		
Kim Haegele	e			
Contact Person				
Lathrop Gage,	LLP			
Firm/Company				
7701 Forsyth Blvd.,	Suite 500			
Address				
St. Louis, MO 6	3105			
City, State and Zip	Code			
khaegele@lathro	opgage.com			
ress: (to be used for future	annual report no	ification)		
formation concerning	this matter, ple	ase call:		
Kim Haegele	at (314)	613-2800	
of Contact Person	A	rea Code and E	Daytime Telephone Number	
\$35.00 check made pa	yable to the F	lorida Depar	tment of State.	
DDRESS:		MAILIN	G ADDRESS:	
Registration Section		Registration Section		
orporations			of Corporations	
		rananass	ee, rl 32314	
	Name of Limited Parameter NUMBER: Statement of Change of mitted for filing. All correspondence correct Person Lathrop Gage, Firm/Company 7701 Forsyth Blvd., Address St. Louis, MO 6 City, State and Zip of khaegele@lathrometers: (to be used for future formation concerning Kim Haegele of Contact Person \$35.00 check made parameters: Section	ISI Conf Name of Limited Partnership or Limi F NUMBER: Statement of Change of Registered Content for filing. III correspondence concerning this matter, please of the used for future annual report not formation concerning this matter, please of Contact Person Lathrop Gage, LLP Firm/Company 7701 Forsyth Blvd., Suite 500 Address St. Louis, MO 63105 City, State and Zip Code khaegele@lathropgage.com ress: (to be used for future annual report not formation concerning this matter, please of Contact Person Kim Haegele of Contact Person \$35.00 check made payable to the F DRESS: Section orporations ing ve Center Circle	ISI Controls, Ltd. Name of Limited Partnership or Limited Liability L NUMBER: B08000000 Statement of Change of Registered Office and/or nitted for filing. All correspondence concerning this matter to: Kim Haegele Contact Person Lathrop Gage, LLP Firm/Company 7701 Forsyth Blvd., Suite 500 Address St. Louis, MO 63105 City, State and Zip Code khaegele@lathropgage.com ress: (to be used for future annual report notification) formation concerning this matter, please call: Kim Haegele at 314 Of Contact Person Area Code and Depart 14 Specification Registration or portations Division of the Contact Person Registration or portations Division of the Contact Circle Tallahasse	



December 4, 2018

KIM HAEGELE LATHROP GAGE, LLP 7701 FORSYTH BLVD., SUITE 500 ST LOUIS, MO 63105

SUBJECT: ISI CONTROLS, LTD. Ref. Number: B08000000089

We have received your document for ISI CONTROLS, LTD. 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 Corporation, but your entity is a Limited Partnership. 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.

Diane Cushing Senior Section Administrator

Letter Number: 218A00024850

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.	ISI Contro	ols, Ltd.			
Na	me of Limited Partnership or Limit	ed Liability Lir	mited Partnership		
2.)4/24/2008	3	B08000000089		
Date of filing/registration in Florida			Florida document number		
4. The name of the re Department of State:	egistered agent and the registered of	fice address as	shown on the records of the Florid		
	Corporation Servi	ce Compar	ny		
	Name				
	1201 Hays	Street			
	Addres		·		
Tallahassee, FL 32301					
	City, State a	nd Zip			
5. The name and Flo	rida street address of the new registe	ered agent and/	or office:		
	Registered Agent S	Solutions, Ir	nc		
	Name				
	155 Office Plaza	Orive, Suite	Α		
	Florida street address (P.O	Box not accep	table)		
	Tallahassee	FL_	32301		
	City, State a	nd Zip			
6. Such change(s) is/	are effective when filed by the Flor	ida Department	of State.		
See att	ached				
Signature of General	Partner				
comply with the prov and fum familiar wit	ppointment as registered agent and isigns of all statutes relative to the plan accept the obligations of my pole of Agent	roper and com	plete performance of my duties,		
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50

Florida Secretary of State Statement of Change of Registered Office or Registered Agent or Both for Corporations

Attachment

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.

ISI Controls, Ltd., a Texas limited partnership

By:_

Scott Eisenberg, not individually, but solely in his capacity as court appointed receiver in that certain matter captioned CIBC Bank USA v. ISI Security

Group, Inc., et al., Case No. 18-cv-462