F22000007398

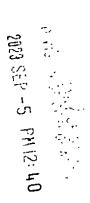
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

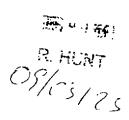
Office Use Only



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09/05/28--01020--007 **35.00





COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: ISMIR INVESTMENTS LTD CORP. Name of Corporation	
DOCUMENT NUMBER: F22000007398	
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:	
JUAN A FIGUEROA	
Name of Contact Person	
JUAN A FIGUEROA, P.A., CERTIFIED PUBLIC ACCOUNTANT	
Firm/Company	
999 PONCE DE LEON BLVD., STE 525	
Address	~>
CORAL GABLES, FL. 33134	2023 SEP
City/State and Zip Code	3S
CARMEN@JAFCPA.COM	JO.
E-mail address: (to be used for future annual report notification)	Ċ
,	ارت.
For further information concerning this matter, please call:	5H 12: 40
JUAN A FIGUEROA 31 (305)448-5844	_
Name of Contact Person at (305) 448-5844 Name of Contact Person Area Code & Daytime Telephone Number	<u>:r</u>
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	inge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	
1. The name of t	the corporation: ISMIR INVESTMENTS	LTD CORP.	
2. The principal CORAL GABLE	office address: 999 PONCE DE LEON BI	.VD., SUITE 525	
3. The mailing a	address (if different): SAME		
		Document number: F22000007398	
	d street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	JUAN A FIGUEROA, P.A., CERTIFIED	PUBLIC ACCOUNTANT	
	999 PONCE DE LEON BLVD., STE 525		
CORAL GABLES, FL. 33134			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office SAME AS ABOVE SAME AS ABOVE		
		x NOT acceptable C:	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.	
* 2		JORGE VERBITZKY ROSENBLAUM	
I hereby accept I further agree	id Lam tamiliar with and accent the oh	Printed or typed name and title and agree to act in this capacity, tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this ne registered office address, I hereby confirm that the	
y /		08/23/2023	
17	chalf of an entity:	Date	
	yped or Printed Name		

* * * FILING FEE: \$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)

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