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SECRETARY OF STATE
TALLAHAESEE, FLORE A

Sender's Direct Fax No: 305-931-6558

July 21, 2005

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

Re: International Sales Group, LLC

## Gentlemen:

Enclosed are Statement of Change of Registered Office or Registered Agent of Both for Limited Liability Company as well as check in the sum of \$25.00.

If you need any additional information, please let me know.

STACI GENET-WOTHERSPOON

Jeneral Counsel

SGW/lf\_\_ Enclosure

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of	Florida.		
1. The name of the limited lia	ability company is: 📙	nternational Sales Gr	oup, LLC
2. The mailing address of the	limited liability comp	pany is : 18753 Bisca	yne Blvd.
	31.5	Aventura, F	
February 14, 2002		L02000003	3596
3. Date of filing/registration i	in Florida	4. Document	number
5. The name of the registered Florida Department of State	agent and the register e: taci H. Genet, Esq.	ed office address as sho	wn on the records of the
		ame 500	<del></del> , .
Av	ventura, FL 33180	ldress ate and Zip	<del></del>
6. The name and address of th	•	•	
	taci Genet-Wothersp		
28	375 N.E. 191 St., #2	me 00	7005 SEC! TALL!
		P.O. Box NOT acceptal	
Av		<sub>FL</sub> 33180	SSEY 25
	City, Stat	e and Zip	
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the	ge or changes are made registered agent will b	e, the Florida street add	ress of the registered office
(Signature of a momber or authorized)	representative of a member)		•
(Printed or typed name of signee)	ET WOTHERS	NO 070	
I hereby accept the appointm comply with the provisions of and am familiar with and ac Chapter 608 U.S. Or lift this address, I hereby confirm that	nent as registered ager all statutes relative to cept the obligations of document is being file theffimited liability o	nt and agree to act in the proper and comple of the proper and comple of my position as registed d to merely reflect a ch company has been notifi	is capacity. I further agree to te performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change.
(Signature of Registered Agent)  Division of	f Corporations, P.O.	Box 6327, Tallahassee	, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)