LD2000003596

(Re	equestor's Name))
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	15

Office Use Only



300109559013

09/21/07--01029--020 **35.00

2007 SEP 21 PM 1: 23

SANFORD N. REINHARD, P.A.

ATTORNEY AT LAW ... 2875 N. E. 19151 STREET — SUITE 404
AVENTURA, FLORIDA 33180

MIAM!
(305) 932-7555
TELECOPIER
(305) 935-5671
E MAIL
sanrein@bellsouth.net

September 18, 2007

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

RE: INTERNATIONAL SALES GROUP, LLC

Gentlemen:

We enclose the Statement of Change of Registered Office and Registered Agent for the company, along with a check payable to the Florida Department of State, in the amount of \$25.00, representing the filing fee.

Very truly yours,

Sanford N. Reinhard

SNR/na

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.

1. The name of the limited liability company is: International Sales Group LLC
2. The mailing address of the limited liability company is: 2875 N.E. 191st Street
Suite 200, Aventura Fl 33180
2/14/2002 L0200003596
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State:
Name Name
2875 N.E 191st Street, Suite 200
Aventura, FL 33180 City, State and Zip
6. The name and address of the new registered agent and/or office:
Sanford Reinhard, P.A.
Name
Florida street address (P.O. Box NOT acceptable)
Aventura FL 33180
City, State and Zip
If the simited liability company is not organized under the laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited lightly company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote
the members of the limited liability company or as otherwise provided in the articles of organization or the special parties of the limited liability company.
CHURTHY INVINION
(Signature of a thember of authorized representative of a member)
Philo J. Spiegelman
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited trability company has been notified in writing of this change.
address, I hereby confirm that the limited trability company has been notified in writing of this change.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00