108000009673

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(CII	iy/State/Zip/Prione	= #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Do	ocument Number)						
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer.							
i							

Office Use Only



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08/19/16--01023--028 **25.00



S Warren AUG 2 2 2015



Kevin M. Carroll, CPA President & CEO

August 10, 2016

Certified Mail/Return Receipt Requested #70140510000153151165

Ms. Lyn Shoffstall, Commercial Information Services Chief Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Bulk Address Change Request - Additional Entity

Dear Ms. Shoffstall,

On behalf of Kevin Carroll, enclosed please find the check for \$25.00 to cover the cost for the change of address on one of our entities which we omitted from our original submission to you on July 12th, 2016.

Please let me know if you have questions or need additional information.

Sincerely,

Pam Slack

Executive Assistant to Kevin M. Carroll

President & CEO

cc: K.Carroll Enclosures

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	ECT: ISAACSON INVESTMENTS	MANAGEME	NT, LLC.			
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fo	llowing:			
Kevir	n M. Carroll, President and CEO					
	Name of Person		•			
Lang	Management Company, Inc.					
	Firm/Company		-			
790 F	Park of Commerce Boulevard, Suite	e 200	_			
	Address					
Boca	Raton, Florida 33487		_			
	City/State and Zip Code					
webn	naster@langmanagement.com					
E	E-mail address: (to be used for future annu	al report notifica	ation)			
For fu	rther information concerning this matter, p	olease call:				
Kevir	n M. Carroll	561	750-8800			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS1	8 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: ISAACSON IN	VEST	MENTS M	1ANAGE	EMENT, LLC	D
2. (a)			o)			
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	790 Park of Commerce Boulevard, Suite 200		790 Park	c of Com	nmerce Blvd	l. Suite 200
	Boca Raton, Florida 33487		Boca Raton, Florida 33487			
	1/23/08		L0800000	09673		
3.	Date of filing/registration in Florida	4.		Documen	ıt number	
5. (a	William K. Isaacson					
3. (a	Registered Agent and Registered Office shown on the records of the	e Florida	a Dept. of State	- >:		
	William K. Isaacson					
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	<u>2)</u>	•		
	21045 Commercial Trail			. ,	-	
	Boca Raton , FL	3486		· · · · · · · · · · · · · · · · · · ·		Augustus
4.5					NEW TO	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dress:		E P	
				*	FLOST	
					STATE STATE	- -
	NEW Registered Office Address:				P =	
	790 Park of Commerce Boulevard, Suite 200		- 	,	. •	
	Boca Raton FL 3	33487				
the ch agent was/w the ar	limited liability company is not organized under the laws lange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability attraction of the liability and a member or authorized representative of a member	he reginate the limited with the limited	stered office ompany, it is nited liability liability com lliam K. Isa	e and the best hereby company pany. Printed or	ousiness office confirmed that y or as otherw typed name of sign	e of the registered the change(s) ise provided in
provis the ob to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change.	e to act erform for in (ereby c	t in this cape lance of my c Chapter 605 confirm that	acity. I fu duties, and i, F.S. Or, the limited	orther agree to d I am familia , if this docum d liability com	comply with the r with and accept ent is being filed epany has been
Signat	ure of Registered Agent					
Signat	are or registered Agent					