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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : PAUL SALVER, P.A.  
Account Number : 120020000087  
Phone : (954) 389-1333  
Fax Number : (954) 389-1397

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE  
ISEAD LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISEAD LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO JAVIER RIVERA-LATAS

Name of Person

ISEAD LLC

Firm/Company

10570 NW 27TH STREET SUITE H-102

Address

DORAL, FL 33172

City/State and Zip Code

JRIVERA@ISEAD.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA PIEDRAHITA

at 954

389-1333

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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# 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. Name of the limited liability company: ISEAD LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida 4. Document number

5. (a) 6/10/2009  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CARDET, ALBERTO MESQ

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10570 NW 27TH STREET, SUITE H-102

DORAL, FL 33172

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

SALVER & COOK LLP

NEW Registered Office Address:

2721 EXECUTIVE PARK DRIVE, SUITE 4

WESTON, FL 33331

If the limited 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 identified. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of Registered Agent

FRANCISCO JAVIER RIVERA-LATAS

Printed or typed name of signer

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 605, 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 liability 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

INH518 (2/14)

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