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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(Be	usiness Entity Name)	
(De	ocument Number)	<del></del>
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ISO 1ST, LLC	-
Name of Lim	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
GARRY O'Weil Name of Person	<u>.                                    </u>
SO 1ST LLC Firm/Company	
5300 OAK BROOK PKW	y #370
NORCROSS GA 30093 City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
GARRY O'Ne.   at (at (	704 280 0470
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount	t:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (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. Nar	ne of the limited liability company: \S01ST, LLC	
2. (a) _	12302 THORNHILL COVET (b) 53	00 OAK WOODLINE PKY
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LAKEWOOD RANCH FL 34202 Si	)πe 370
	Not	iceoss GA 30093
		000099750
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	UNITED STATES CORPORATION AN	cuts, MG
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	·
	13302 WINDING DAKS BLUD	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	AMPA FL 33688	
	TAMPA FL .FL 33688	
	(000 000 000 1	
(b) -	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	The state of the s	
	12302 THOENHILL COURT	
	NEW Registered Office Address:	
		\$50
		,'n
	LAKEWOOD RANCH ,FL 34202	
10.4		
the char	nited liability company is not organized under the laws of the State of Flo age or changes are made, the Florida street address of the registered office	and the business office of the registered
agent w	ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability	hereby confirmed that the change(s)
	les of organization or the operating agreement of the limited liability com	
=	by Oxin GAR	Printed or typed name of signee
Signat	1	
provisic the obli- to mere	y accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my d entions of my position as registered agent as provided for in Chapter 605, by reflect a chapge in the registered office address. I hereby confirm that the In writing of this change.	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	kan Oxfur()	
Ruatur	Division of Corporations • P.O. Box 6327 • Tallahass	.ee Fl 37314
	CILING COE. 425 AA	204 I II JEJIT