

LI1000028580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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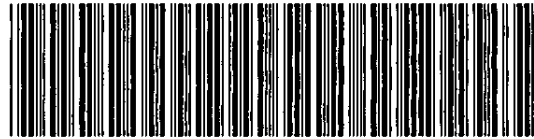
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12 MAR 16 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** International Financial Services Group, 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:

Josh Crithfield

Name of Person

International Financial Services Group, LLC

Firm/Company

6920 West Linebaugh Avenue, Suite 102

Address

Tampa, Florida 33615

City/State and Zip Code

jcrithfield@ifsgroup.com

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

For further information concerning this matter, please call:

Josh Crithfield

Name of Person

at ( 813 )

440-6400

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

**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. Name of the limited liability company: International Financial Services Group, LLC

2. (a) Principal office address of limited liability company: 6920 West Linebaugh Avenue

**(Note: MUST BE STREET ADDRESS)**

Suite 102

Tampa, Florida 33615

(b) Mailing address of limited liability company: 6920 West Linebaugh Avenue

**(Note: MAY BE POST OFFICE BOX)**

Suite 102

Tampa, Florida 33615

03/08/2011

L11000028580

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Joshua J Crithfield

Registered Office Address:

8751 N. Himes Ave

Tampa, FL 33614

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

**NEW Registered Agent:**

Joshua J Crithfield

**NEW Registered Office Address:**

6920 West Linebaugh Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Suite 102

Tampa, FL 33625

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 identical. 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.

Josh Crithfield  
Signature of a member or authorized representative of a member

Josh Crithfield  
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 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 liability company has been notified in writing of this change.*

Josh Crithfield  
Signature of Registered Agent

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

**FILING FEE: \$25.00**