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Rx Office Change

JAIDROM DICUCIIII D

COVER LETTER

Division of Corporations		
SUBJECT: Symmetry States of Line Name of Lin	nited Liability Company	
Dear Sir or Madam:	meed manney Company	
The enclosed Registered Agent/Registered Office Char	non and thate) are submitted for Glina	
Please return all correspondence concerning this matter	to the following:	
Isa Peguero Friedman		
Name of Person		
ISA, LLC		
Firm/Company		
PO Box 260358		
Address		
Pembroke Pines, FL 33026		
City/State and Zip Code		
isap5@msn.com		
E-mail address: (to be used for future annual repo	rt notification)	
for further information concerning this matter, please of	all:	
Isa Peguero Friedman 3	05 338-2487	
Name of Person	Area Code & Daytime Telephone Numbe	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
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.

I. Na	ime of the limited liability company: ISA, LLC			
2. (a)		((b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	777 Brickell Avenue		PO Box 2	260358
	Suite 500		Pembrok	e Pines, FL 33026
	Miami, FL 33131		L1200005	1352
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	04/16/2012			
(,	Registered Agent and Registered Office shown on the records of t Isa Peguero Friedman	he Flori	da Dept. of St	ate;
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES	<u>(SS)</u>	<u> </u>
	Pembroke Pines, FL	33027		_
(b)	Enter name of NEW Registered Agent and/or NEW Registered Isa Peguero Friedman	Office a	ddress:	
	NEW Registered Office Address:			
	777 Brickell Avenue, Suite 500			_
	Miami, FL	33131		<i></i>
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Op in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c t the lin	red office at ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) its company or as otherwise provided in
····	Mercy	Isa	Peguero Fri	
-	ture of a member of authorized representative of a member			Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	verforn	iance of my	duties, and I am familiar with and accept
Signatu	re of Registered Afent			
	/ · ····-//			

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