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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)	-					
(Castroot Land, Castroot,						
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Certified Copies Certificates of Status	-					
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Special Instructions to Filing Officer:	١					
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SECRETARY OF STATE
TALLAHASSEE, FLORID

NOV 1 0 2015 J SHIVERS

COVER LETTER . . .

Division of Corporations							
SUBJECT: Investment Securities Holding Company LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
Gary Hirst							
Name of Person							
Law Offices							
Firm/Company							
PO Box 952619							
Address							
Lake Mary FL 32795							
City/State and Zip Code							
Documents@incorp.com							
E-mail address: (to be used for future annual rep	ort notification)						
For further information concerning this matter, please	call:						
Jackie DeFilippis for InCorp Services, Inc.	800 , 246-2677						
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:							
2 \$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. Na	me of the limited liability company: Investment S	Securities	Holding Co	mpany LLC		
2. (a)	7025 CR 46A STE 1071	((b) PO BOX 952619			
_ (.,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	#509					
	lake Mary, FL 32746	<u>_</u>	Lake Man	y, FL 32795		
	11/01/2012		L12000138	713		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	FYV CONSULTING INC.					
J. (L)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of State:	量の 清		
	7025 Cr 46A Ste 1071			SECOLO SECOLO		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>s)</u>	200		
	Lake Mary		32746	STEEL STEEL		
	Enter name of NEW Registered Agent and/or NEW Register 17888 67th Court North NEW Registered Office Address:					
	Loxahatchee	FL	33470			
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the street of th	of the reg liability o s of the lit	istered office company, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member	<u></u>		Printed or typed name of signee		
-	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as provietly reflect a change in the registered office address, a province of this change.	gree to active performed to the performance to the performed to the performance to the perfo	et in this capa nance of my d Chapter 605, confirm that to es, Inc.	city. I further agree to comply with the utles, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Signaty	re of Registered Agent					

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