

10/5/21, 1:35 PM

Division of Corporations

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 : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: STAR@VCORPSERVICES.COM

2021 OCT 18 PM 12:32

TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
IDSG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED  
2021 OCT 18 PM 1:31  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_ IDSG, 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:

## Vcorp Compliance

Name of Person

Vcorp Agent Services, Inc.

Firm/Company

25 Robert Pitt Suite 204

Address

Monsey, NY 10952

City/State and Zip Code

star@vcipservices.com

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

For further information concerning this matter, please call:

## Vcomp Compliance

845

452-0077

at

Name of Person

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 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: IDSG, LLC

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

6409 CONGRESS AVENUE, SUITE 100

6409 CONGRESS AVENUE, SUITE 100

BOCA RATON, FL 33314

BOCA RATON, FL 33314

01/21/2016

L16000015261

3. Date of filing/registration in Florida

4. Document number

CHRIS VASSOV

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

6409 CONGRESS AVENUE, SUITE 100

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33487

Vcorp Services, LLC

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

5011 South State Road 7, Suite 106

NEW Registered Office Address:

Davis, FL 33314

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.

Signature of a member or authorized representative of a member

DAVIS, CHRIS VASSOV  
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 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

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS