

L17000199264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

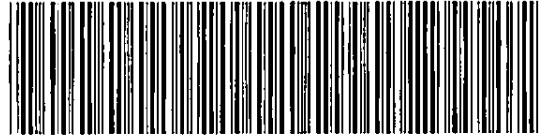
(Business Entity Name)

(Document Number)

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2024 APR 26 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 APR 26 AM 10:02  
TALLAHASSEE, FLORIDA

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY David Isaac & Associates, LLC	FOR OFFICE USE ONLY

### PICK ONE:

\_\_\_ CERTIFIED COPY    XX PHOTOCOPY    \_\_\_ C.U.S.

### FILING:

\_\_\_ CORPORATION    \_\_\_ LLC    \_\_\_ LIMITED PARTNERSHIP    \_\_\_ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME    \_\_\_ SERVICEMARK/TRADEMARK    \_\_\_ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION    \_\_\_ JUDGMENT LIEN  
XX OTHER Registered Agent Change

### RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_ CERTIFIED COPY    \_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 4/26/24    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**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: DAVID ISAAC & ASSOCIATES, LLC

2. (a) 3115 S. WEBSTER ST.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 3115 S. WEBSTER ST.  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

KOKOMO, IN 46902

KOKOMO, IN 46902

09/25/2017

L17000199264

3. Date of filing/registration in Florida 4. Document number

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

3418 POINSETTA AVE

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

WEST PALM BEACH, FL 33407

(b) Universal Registered Agents, Inc.

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

1317 California Street

**NEW Registered Office Address:**

Tallahassee, FL 32304

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.

/s/ David Isaac  
Signature of a member or authorized representative of a member

David Isaac  
Printed or typed name of signer

*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]  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA