118000248740

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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November 19, 2018

KUTAY ARSLANTURK 1313 E 24 ST SANFORD, FL 32771

SUBJECT: ISTANWELL TOURISM LLC

Ref. Number: L18000248740

We have received your document for ISTANWELL TOURISM LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00023745

COVER LETTER

Division of Corporations	
SUBJECT: ISTANWELL	TOURISM LLC
Name of Li	mited 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	er to the following:
KUTAY ARSLANTURK Name of Person	
ISTANUELL TOURISM Firm/Company	LCC.
1313 E. 24 st. Address	
SANFORD FL. 32771 City/State and Zip Code	 უ
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Kutay Arslanturk at (407) 925-9327 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 amoun	nt:
□ \$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.

121		the following statement in order to			1015M	
l.	Nan	ne of the limited liability company: _	ISTAN	will	(302/3:3	
2.	(a) _	Principal office address of limited liab (Note: MUST BE STREET AL 1313 E. 24 st.	ility company: DDRESS)	(b)	Mailing address of limited lin	
		Sanford FL.	32771			
•		10-23-2018			18000248	<u> 740 </u>
3.	-	Date of filing/registration in	Florida	4.	Document number	. .
5.	(a)	(Legal Zoom) Registered Agent and Registered Office show	on on the records of t	States the Florida Dept. of S	State: Corporation	Agents
		13302 Wind	LORIDA STREET	10DRESS) 3361	- 2	
	(b)	Enter name of NEW Registered Agent and/o	ANTURE or NEW Registered			
		1313 E. 24	St.			سر ب ()
		NEW Registered Office Address:			.•	
		SANFORD				
		SANFORD	, FI	3277	<u>4</u>	
th an w th	gent vas/wene arti	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affigurative vote cles of organization or the operating ture of a manber or authorized representative by accept the appointment as register ons of all statutes relative to the projections of me position as registered elementary reflect a change in the registered of the profession of the control of the co	Florida limited li of the members agreement of the	interegistered of iability company of the limited liability.	it is hereby confirmed the bility company or as other company. ASIAN Printed or typed name or	at the change(s) rwise provided in Lick signee

Signature of Registered Agent