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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	



01/05/21--01018--019 **25.00

SECRETARY OF STATE

D2/15/21

COVER LETTER

TO: **Registration Section Division of Corporations**

PURPUSLY LLC Name of Limited Liability Company SUBJECT:

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:

RICARD BERLIS Name of Person PURPUSLY LLC Firm/Company

320 S. FLAMINGO RD, STE 352 Address

PEMBLOKE PINES, FLORUDA, 3302.7 City/State and Zip Code

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

For further information concerning this matter, please call:

CALOD BETHLS at (776) 266 - 9797 Name of Person Area Code & 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

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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.

l. Na	ume of the limited liability company:	ISLY	LLC				
2. (a)	320 S. FLAMINGO RU, STE 352						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	of limited liab B <u>E POST OF</u>		•
	PEMBROKE PINES	<u> </u>	STE 35	2, P	EMBROK	₽_Ê	ines
	FLORIDA, 33027		HOLLOA	, 33	027_		
	DECEMBER 05, 2019		L1900	0297	7390		
3.	Date of filing/registration in Florida	4,	Doc	ument nu	ımber		
5. (a)	BERES GROUP LLC						
	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State;				
	1325 NW 12320 TER	2					
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>			S	2	
	PEMBROKE PINES		_		TA:	021	
	EI	330	26		RET	JAN -5	
	, 1 D	<u></u>				 	
(b)					55 50		ភា
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		1.0	PH 1	Ö
	320 S. FLAMINGO RD				TATE FI	1:27	
	NEW Registered Office Address:						
	STE 352	_					
	PEMBROKE ANES, FL.	337	27_				
change agent v was/we	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registered bility con f the limit	l office and the pany, it is her ed liability co	business eby confi mpany or	s office of the of the solution of the solutio	ne regi he cha	stered nge(s)
	te -		RICA	400	BERRIS		
-	ture of a member or authorized representative of a member		Prin	ited or type	d name of sig		
provisi the obi to men	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a enange in the registered office address. I h d in writing of this change.	ve to act i performat for in Cl ereby cor	n this capacity ace of my dutie apter 605, F.S afirm that the L	. 1 furthe s, and 1 a 5. Or, if t imited lia	er agree to c um familiar his docume ability comp	comply with a nt is b any ha	with the nd accept eing filed is been

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent