K22 000155898

(Requestor's Name)					
(Address)					
(Address)					
(Cid	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	e)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



100385985601

04/21/22--01013--001 **25.00



بدوداراها

COVER LETTER

то:		ration Section on of Corporations				
SUBJI	ISG WORLD COSTA RICA, LLC					
SOBA		Name of Limited Liability Company				
Dear S	Sir or Ma	dam:				
The en	iclosed R	egistered Agent/Registered	Office Chan	ge and f	ec(s) are submitted for filing.	
Please	return al	l correspondence concernir	ig this matter	to the fe	ollowing:	
		CRAIG S STUDNICKY				
		Name of Person			_	
		ISG WORLD 1, LEC				
		Firm/Company			_	
		2875 NE 191 STREET, SUIT	E 200			
		Address			_	
		AVENTURA, FL 33180				
		City/State and Zip Co	de	-	_	
		HR@ISGWORLD.CC	М			
1	E-mail ad	dress: (to be used for future	annual repor	t notific	ation)	
For fur	ther info	ormation concerning this ma	itter, please ca	all:		
	INC	GRID TORRES	at (305	931-6511	
		Name of Person		·	Area Code & Daytime Telephone Number	
	Regist Division P.O. B	ng Address: ration Section on of Corporations ox 6327 assec, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclos	ed is a check for the follow	wing amount	:		
	≅ \$25	Filing Fee		□ \$55	5 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.

i. N	Name of the limited liability company;ISG WOR	.LD COSTA	RICA LLC	
2. (a	CRAIG S STUDNICKY	(b)	MICHAEL AMBROSIO	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2875 NE 191 STREET, SUITE 200		2875 NE 191 STREET, SUITE 200	
	AVENTURA, FL 33180	 	AVENTURA, FL 33180	
	03/31/2022		1.22000155898	
3. 5. (a	Date of filing/registration in Florida CRAIG S STUDNICKY	4.	Document number	
J. (I	Registered Agent and Registered Office shown on the records of the 2875 NE 191 STREET, SUITE 200	ne Florida De	ot, of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	2022 APR 21		
	AVENTURA FL_	33180	PR 21	
(b)	SG WORLD I. LLC	PH SEE		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	2: 2 FFM		
	2875 NE 191 STREET, SUITE 200	m £		
	NEW Registered Office Address:			
	AVENTURA FL	33180		
chang agent was/v	Iimited liability company is not organized under the law- ge or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	registered of pility compared in the compared	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
Signature of a member or authorized representative of a member		Printed or typed name of signee		
provi. the oi to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I have a first of this change.	e to act in t performance for in Chap preby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
Signa	ture of Registered Agent			

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