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To:	Division of Corpo	nations		-		~
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	fax Number : ((850)617-6383			I H	-
From:						1
	Account Name : (CAPITOL CORPORATE	E SERVICES, I	NC.		
	Account Number : 1	120160000048	-		SET.	
	Phone :	(800)345-4647			The second	
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LLC REGISTERED AGENT CHANGEOASIS INTERNATIONAL SERVICES LLCCertificate of Status0Certified Copy0Page Count01

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K. SALY JUN 11 2024

\$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floria	s the following statement in order to chan	605.0116, Florida Statutes, the undersigned limited liability company ge its registered office or registered agent, or both, in the State of S INTERNATIONAL SERVICES LLC	
I. Na	me of the Limited Liability Company:	IS INTERNATIONAL SERVICES LLC	
2. (a)	15811 COLLINS AVENUE #607	(b) 15811 COLLINS AVENUE #607	
()	Principal office address of limited liability co. (Note: MUST BE SIREET ADDRES.	mpany: Mailing address of limited liability company:	
	NORTH MIAMI BEACH, FL 33160	NORTH MIAMI BEACH, FL 33160	
	6/26/2023	<u>L23000305985</u>	
3.	Date of filing/registration in Florid	_	
5. (a)	NORTH MIAMI-BEACH, FL 33160 Registered Agent and Registered Office shown on the	LUIS BERDRELLI	
	Registered Agent and Registered Office known on the 15811 COLLINS AVENUE #607 Registered Office Address (MUST BE FLORIDA	Pri E T	-
i	NORTH MIAMI BEACH	FL 33160	
(Ъ)	Capitol Corporate Services, Inc. Enter name of <u>NEW Registered Agent and/or NEW</u> 515 East Park Avenue 2nd Fl <u>NEW</u> Registered Office Address:	Registered Office address:	
	Tallahassee	, FL_32301	
the ch agent was/w the ar	ange or changes are made, the Florida street is will be identical. Or, in the case of a Florida	der the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise provided in tent of the limited liability company. Katherine-Anne Waldron	
Sign	ture of a member or authorized representative of a mer		
I here provis the ob to men notific	by accept the appointment as registered age, ions of all statutes relative to the proper and ligations of my position as registered agent of rely reflect a change in the registered office of in writing of this change.	nt and agree to act in this capacity. I further agree to comply with the l complete performance of my duties, and I am familiar with and accept as provided for in Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been	
¥!	3 in Prolecti	Brian Radecki, Assistant Secretary on	
SIGNAL	ure of Registered Agent	behalf of Capitol Corporate Services, Inc.	
		nso P.O. Box 63270 Tallahassee, FL 32314 71LING FEE: S25.00	