P000000027796

(Re	questor's Name)	
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T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 15 AAC SON INC Name of Corporation
DOCUMENT NUMBER: P0000027796
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARBAICA DICSHEIMER Name of Contact Person [SAACSON NC Firm/Company
ISAACSON INC Firm/Company
2100 S. OCEAN BLUD, APT 304 SOUTH
PALM BEACH, FL 33480 City/State and Zip Code
BUILSHEIMER COMCAST. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BARBARA DILSHEIMER at (610) 613-0262 (LEW) Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
tananassee, the sesting 2001 executive Center Chee

Tallahassee, FL 32301



December 7, 2012

BARBARA DILSHEIMER ISAACSON, INC. 2100 S. OCEAN BLD., APT. 304S PALM BEACH, FL 33480

SUBJECT: ISAACSON, INC. Ref. Number: P00000027796

We have received your document for ISAACSON, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation, the document submitted is for a Limited Partnership or Limited Liability Limited Partnership. The correct form is enclosed, please complete and return to this office for processing.

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) 245-6050.

Letter Number: 812A00029047

Thelma Lewis
Document Specialist Supervisor

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: SPACSON NC.
2. The principal office address: 2100 S. OLEAN BLVD, APT 304 SOUTH PALM BEACH FL 33480
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/17/2000 Document number: P0000027796
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
AGENTS & CORPORATIONS INC
300 5th AVE SOUTH SUITE. 101-330
NAPLES FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BARBARA DILSHEIMER 3 3
2100 S. OCEAN BLYD APT 30 ESOUTH
PALM BEACH FL 33480
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
BATESARA DILSHEIMER PRESIDENT Signature of an officer or director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Barbara Dulihara 3/17/20/2 Signature of Registered Agent 3/17/20/2
If signing on behalf of an entity:
BARBARA DICSHEIMER Typed or Printed Name

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *