04000115926

| (| Requestor's Name) | |
|------------------------|--------------------------|--|
| | (Address) | |
| | Address) | |
| (| Audiess | |
| (| (City/State/Zip/Phone #) | |
| PłCK-UP | WAIT MAIL | |
| (Business Entity Name) | | |
| | | |
| , (Document Number) | | |
| Certified Copies | Certificates of Status | |

Special Instructions to Filing Officer:

John Sach Market Cal Road Market Cal Back Me Market Market

called 10/15/08 lift message tocall back up 9:58 Am Called 10/15/08 spoke w) thelma h. AN FOR MA TO ALAMASS



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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: TSTORY | • | | |
| DOCUMENT NUMBER: POY-1 | 15926 | | |
| The enclosed Statement of Change of Registered Office/ | Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter t | o the following: | | |
| | | | |
| CARY MA | ARTINEZ | | |
| (Name of Cont | act Person) | | |
| loro : | 0000 | | |
| ISIG (Firm/Con | DORP apany) | | |
| · | | | |
| 1232 S D | IXIE HWY | | |
| (Addre | ess) | | |
| grant in | | | |
| CORAL GABLES, FLORIDA 33146 (City/State and Zip Code) | | | |
| • | • , | | |
| For further information concerning this matter, please ca | ш: | | |
| CARY MARTINEZ (Name of Contact Person) | at (305) 962-5212 (Area Code & Daytime Telephone Number) | | |
| (Name of Contact Ferson) | (Adea Code de Daytime Telephone (Vamost) | | |
| Enclosed is a \$35.00 check made payable to the Department | nent of State. | | |
| · | | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | |
| | Tallahassee, FL 32301 | | |

The second of th

CR2E045 (8/05)

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

| tement of change is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida. | |
|--|---|
| The name of the corporation: ISIG. CORO. | |
| The principal office address: 1232 S DIXIE HWY CORAL GABLES, FL 33146 | _ |
| The mailing address (if different): | _ |
| Date of incorporation/qualification: 8/9/04 Document number: PO4-11596 | 2 |
| 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) | |
| Ignacio Abella | |
| 7111 SW 64 CT | |
| MIAMI. FL 33143 | |
| The name and street address of the new registered agent (if changed) and /or registered office and (if changed): Cary Martinez | |
| 1232 S DIXIE HWY (P.O. Box NOT acceptable) | |
| CORAL GABLES, FL 33146 | |
| te street address of its registered office and the street address of the business office of its registered agent, changed will be identical. | |
| ch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board, or the corporation has been notified in writing of the change. | |
| (Signature of an officer or director) 25 i S C (a 7) (Printed or typed name and little) | |
| nereby accept the appointment as registered agent and agree to act in this capacity. Surther agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this cument is being filed merely to reflect a change in the registered office address, I hereby confirm that the reporation has been notified in writing of this change. | |
| Cary Martines 10/8/08 | |
| (Signature of Registered Agent) (Date) signing on behalf of an entity: | |
| CARY MARTINEZ (Typed or Printed Name) | |
| | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)