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To:

**Division of Corporations** 

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail Address:		

## **REGISTERED AGENT CHANGE** INTERNATIONAL SOURCE MANAGEMENT CORPORATION

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MAY 1 8 2020

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

statement of cha	ange is submitted for a corpora	22, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of the or registered agent, or both, in the State of	·
1. The name of	the corporation: International S	Source Management Corporation	
		AND PARK BLVD SUITE 225C	
	rk Florida FL 33311		
3. The mailing a	address (if different): 2880 W C	DAKLAND PARK BLVD SUITE 225C	
Oakland Pa	ark Florida FL 33311		
4. Date of incor	poration/qualification:	Document number:	
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file vinter resigned)	with the
	PALICKI, LAURIE		_
	3862 BAYSHORE CIR		_
	TAVARES, FL 32778		_
6. The name an (if changed):	_	istered agent (if changed) and /or registered o	2020 HAY 15
	7901 4th St N STE 300		5
	St. Petersburg FL 33	P.O. Box NOT acceptable 3702	
The street addr as changed will	ress of its registered office and le identical.	the street address of the business office of	its registered agent,
Such change wauthorized by t	ras authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an as been notified in writing of the change.	n officer so
Condy !	talverson	Cindy Halverson Printed or typed name and i	üle
I further agree performance of	to comply with the provisions f my duties, and I am familiar	ed agent and agree to act in this capacity, is of all statutes relative to the proper and cowith and accept the obligation of my position rely to reflect a change in the registered off in notified in writing of this change.	mplete on as registered
lon	Glove	05/15/2020	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Tom Glove	-	<u></u>	
7	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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