P22 CCC:1456

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COVER LETTER

то:	Amendment Section Division of Corporations					
SUBJE	CCT: ISAREY CORP					
Name o	ECT: ISAREY CORP of Corporation					
DOCU	MENT NUMBER: P22000011456					
The end	closed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:				
Brian D	oute:					
Name (of Contact Person					
D & S I	Insurance Inc					
Firm/C	ompany					
8333 N	W 53rd Street Suite #450					
Addres	SS					
Doral F	Torida 33166					
City/St	ate and Zip Code	·····				
	info@dsmsinc.com					
E-mail	l address: (to be used for future annua	l report notification)				
For fur	ther information concerning this matter.	please call;				
Barbara	n Rodriguez	333-5462				
	Name of Contact Person	at (239)333-5462 Area Code & Daytime Telephone Number				
Enclose	ed is a \$35,00 check made payable to the	e Department of State.				
	Mailing Address: Amendment Section	Street Address:				
		Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	a section to the second of the	Tallahassee, FL 32303				

CR2E045 (04/13)

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

statement of cha	provisions of sections unge is submitted for a	corporation orga	anized w	nder the laws	of the State	of Florida		
	r to change its register		stered ag	gent, or both.	in the State (of Florida.		
	the corporation: ISARI		. ()	EL . : 1 . 2200				
2. The principal	office address: 1313 N	E 33th Street Cap	ipe Corai.	, Fiorida 3390 	9	·		
3. The mailing a	iddress (if different): _							
4. Date of incorporation/qualification: 02/07/2022 Document number: P22000011456								
5. The name and	d street address of the c tment of State: (If resi	current registered	l agent ai					
	Barbara Rodriguez He	rnandez						
1313 NE 33rd Street							2022	
	Cape Coral, Florida 33	(9 ()9				Z 3	2022 HAY 25	-T
6. The name and (if changed):	l street address of the r	new registered ag	gent (if cl	hanged) and /	or registered	AY OF C	뫉	רח
	Barbara Rodriguez He	rnandez				25	ယ္ လ	•
	1313 NE 33rd Street				· · ·	(A)	23	
			Box NOT a	cceptable				
	Capr Coral, Florida 33	.909 		·				
The street address changed will	ess of its registered of be identical.	Tice and the stree	et addres	ss of the busi	ness office o	of its regis	tered a	gent,
Such change wa authorized by the	as authorized by resol ne board, or the corpo	ution duly adopte ration has been o	ted by its notified	s board of dir in writing of	ectors or by the change.	an officer	· so	
			Bart	bara Rodrigue,	z Hernandez			
Signatu	re of an officer or director			Printed	or typed name a	nd title		
I further agrée of my duties, ar document is ber corporation ha	the appointment as re to comply with the pre id I am familiar with a ing filed merely to ref s been notified in writ	ovisions of all sta and accept the of lect a change in t	atutes re bligation the regi:	ve to act in the lative to the of my positi stered office	is capacity, proper and c on as regist address, I he	complete j ered agen ereby conf	oerfo rn t. Or i ìrm thá	iance f this it the
arding religion.			05/2	23/2022				
	nature of Registered Agent				Date			
If signing on bo	half of an entity:							
	yped or Printed Name							

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