

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001586323)))



H190001586323ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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

Email Address: corporate@zkslawfirm.com

REGISTERED AGENT CHANGE

INNOVATIVE SYSTEMS GROUP OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

MAY 1 6 2019

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

2019 MAY 15 PH 1:0

XII CIT VITU

COVER LETTER

TO: Ame

Amendment Section Division of Corporations

SUBJECT: Innovative Systems Group of Florida, Inc.

Name of Corporation

DOCUMENT NUMBER-

P96000051275

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:

Christine L. Weingart, Esquire

Name of Contact Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City/State and Zip Code

corporate@zkslawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine L. Weingart, Esq.

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 Tallahassee, FL 32301

CRZEDH5 (00/12)

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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Innovative Systems Group of Florida, Inc.	
2. The principal office address: 111 N. Magnolia Avenue, Suite 1650, Orlando, FL 32801	
3. The mailing address (if different): 111 N. Magnolia Avenue, Suite 1650, Orlando, FL 328	301
4. Date of incorporation/qualification: June 14, 1996 Document number; P96000051275	_ _
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)	
Kevin K. Ross-Andino	
2180 West State Road 434, Suite 2100	
Longwood, FL 32779-5009	<u>量</u> 公 19
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	9 HAT IS
Christine L. Weingart, Esquire	
315 E Robinson Street, Suite 600	<u>ir</u>
11.O. Box NOT proceptable	
Orlando, Florida 32801	<u>₩</u>
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.	
Thomas E. Bryan, Director Sugnature of an entire of drighter Thomas E. Bryan, Director	
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.	
Month Manyart 5/15/19	
If cirming on babalf of an agricu	

* * * 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 (03/12)

Typed or Printed Name