

STATEMENT OF CORRECTION

ENTITY INFORMATION

ENTITY NAME: INTERSERVICE GLOBAL LLC
ENTITY ID: 23477525
ENTITY TYPE: Domestic LLC
DATE DOCUMENT WAS 2/27/2023 8:20:24 AM
ORIGINALLY FILED:
DOCUMENT TO BE CORRECTED: Statement of Change - LLC Principal Address/Stat Agent

INCORRECT STATEMENT OF DEFECTIVE EXECUTION

new comercial address 1801 E Camelback Rd ste 102, AZ 85016

EXPLANATION

We change our personal address for new comercial address 1801 E Camelback Rd ste 102, AZ 85016

CORRECT STATEMENT OR EXECUTION

new comercial address 1801 E Camelback Rd ste 102, AZ 85016

SIGNATURE

Authorized Agent: Jhonn Romero - 02/27/2023

SAMPLE FORM: FOR NOTARY REFEREN

PLEASE ENSURE ALL NOTARY INSTRUCTIONS IN BLUE ARE REVIEW

PLEASE ALSO REVIEW ALL NOTES IN RED WITH SIGNER.

UTILITY BILLS ARE NOT ACCEPTED.

United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date
Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.

(Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.) **Applicant's LEGAL name – As listed on ID. And/Or Business name**

4. Applicant authorizes delivery to and in care of:

a. Name

Name of Mail Center/Store

b. Address (No., street, apt./ste. no.)

Applicant's iPostal1 address with unique Box #

c. City

d. State
AL

e. ZIP + 4

6. Name of Applicant

Applicant's LEGAL Name – As Listed on Gov't ID

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a.

IDENTIFICATION #1

b.

IDENTIFICATION #2

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

3a. Address to be Used for Delivery (Include PMB or # sign.)

Applicant's iPostal1 address with unique Box #

3b. City

3c. State

3d. ZIP + 4®

AL

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

Must say 'YES' or have applicant's signature

7a. Applicant Home Address (No., street, apt./ste. no.)

Applicant's HOME Address - As Listed on 2nd ID

7b. City

7c. State

7d. ZIP + 4

AL

7e. Applicant Telephone Number (Include area code)

9. Name of Firm or Corporation

Business Name/Entity. Otherwise, N/A

10a. Business Address (No., street, apt./ste. no.)

10b. City

10c. State

10d. ZIP + 4

AL

10e. Business Telephone Number (Include area code)

11. Type of Business

Business Type/Description

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

Applicant may list minor child(ren) or a spouse in this field. (First and Last Name required) Please indicate if any name listed in a minor. NOTE: iPostal1 will require 2 valid, acceptable IDs from the spouse to be provided, which should be uploaded through your iPostal1 account.

13. If a CORPORATION, Give Names and Addresses of Its Officers

IF COMPANY IS A CORPORATION, this field is required. (Names and addresses are required, but IDs are not needed) Otherwise, N/A

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

IF BUSINESS IS REGISTERED, this field is required. Otherwise, N/A

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

PS Form 1583, December 2004 (Page 1 of 2) (7530-01-000-9365)

This form on Internet at www.usps.com®

UTILITY BILLS ARE NOT ACCEPTED.

Line 6:
Primary
Applicant's
Legal name
must
match IDs
provided.

Line 8a-8b:
Must indicate
Applicant's 2
IDs – Include
ID Numbers
and EXP. date
if applicable.
Cannot be
blank.

Line 15: Cannot
be blank. Must
include notary's
signature and
seal/stamp OR
say 'See
Attached
Certificate' with
the notary's
signature and
seal/stamp on
the final page.

Line 7a-7e:
Applicant's
HOME address.
This address
should be listed
on at least one
of the two IDs
provided by the
primary
applicant.
Cannot be a PO
BOX.

IF Business
name listed on
#9, Fields 10a-
11 are required.

Line 16:
Applicant
must sign.
Cannot be
blank.

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2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. <i>(Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)</i> Jhonn Romero		3a. Address to be Used for Delivery (Include PMB or # sign.) #1333 1801 E Camelback Rd Ste 102	
4. Applicant authorizes delivery to and in care of: a. Name Staples Connect Phoenix 0263 b. Address (No., street, apt./ste. no.) #1333 1801 E Camelback Rd Ste 102 c. City Phoenix d. State AZ e. ZIP + 4 85016		3b. City Phoenix 3c. State AZ 3d. ZIP + 4® 85016	
6. Name of Applicant Jhonn Romero		5. This authorization is extended to include restricted delivery mail for the undersigned(s): YES	
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. a. Passport b. Form I-94, Arrival and Departure Record Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		7a. Applicant Home Address (No., street, apt./ste. no.) 5023 N 18th 7b. City Phoenix 7c. State AZ 7d. ZIP + 4 85016 7e. Applicant Telephone Number (Include area code) 9. Name of Firm or Corporation Interservice Global, LLC 10a. Business Address (No., street, apt./ste. no.) 1801 E Camelback Rd # 102 10b. City Phoenix 10c. State AZ 10d. ZIP + 4 85016 10e. Business Telephone Number (Include area code) 8883415079 11. Type of Business Sales	
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.	
13. If a CORPORATION, Give Names and Addresses of Its Officers			
Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).			
15. Signature of Agent/Notary Public		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)	

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.
