

FIZ 000004ZZ6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

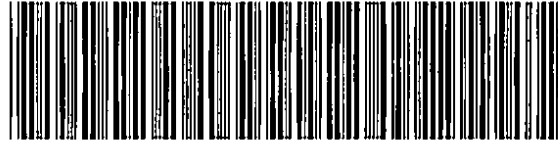
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900336774039

11/12/19 01014-016 00.00

2019 NOV 12 PM 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 12 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INVESTMENT STRATEGY ADVISORS INC
Name of Corporation

DOCUMENT NUMBER: F12000004226

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:

Michael Tcheyan
Name of Contact Person

Firm/Company

4041 GULF SHORE BLVD N
Address

NAPLES FL 34103
City/State and Zip Code

MTcheyan@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tcheyan at (908) 988 0821
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
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 NJ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INVESTMENT STRATEGY ADVISORS INC
2. The principal office address: 4041 GULF SHORE BLVD N
NAPLES FL 34103
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/16/12 Document number: FL2000004226
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)

INCORP SERVICES, INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MICHAEL TCHAYAN
4041 GULF SHORE BLVD N
NAPLES FL 34103

P.O. Box NOT acceptable

2019 NOV 12 PM 3:32
RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

M Tchayan
Signature of an officer or director

MICHAEL TCHAYAN
Printed or typed name and title

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.

M Tchayan
Signature of Registered Agent

11/5/17
Date

If signing on behalf of an entity:

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