

| (Requestor's Name)   |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| (Address)  |  |  |  |  |
|  |  |  |  |  |
| (Address)  |  |  |  |  |
|  |  |  |  |  |
| (City/State/Zip/Phone #)   |  |  |  |  |
| (Surremental File Control of Cont |  |  |  |  |
| PICK-UP WAIT MAIL  |  |  |  |  |
|  |  |  |  |  |
| (Business Entity Name)   |  |  |  |  |
|  |  |  |  |  |
| (Document Number)  |  |  |  |  |
|  |  |  |  |  |
| Certified Copies Certificates of Status  |  |  |  |  |
| Octuned copies Certaincates of Glatus  |  |  |  |  |
|  |  |  |  |  |
| Special Instructions to Filing Officer:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Office Use Only



900279073789

11/16/15--01022--003 \*\*35.00

NOV 17 2015

R. Write

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Investors Education Network, Inc.

Name of Corporation

DOCUMENT NUMBER: P03000050185

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:

Jerry Furst

Name of Contact Person

Investors Education Network, Inc.

Firm/Company

6542 Via Trento

Address

Delray Beach, FL. 33446

City/State and Zip Code

JerryB1st@yahoo.com

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

For further information concerning this matter, please call:

Jerry Furst

...954

329-2290

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

| statement of cha   | nge is submitted for a corporation  | 7.0502, 607.1508, or 617.1508, Florida Stat<br>organized under the laws of the State of Flor<br>registered agent, or both, in the State of Flor                                       | ida                           |
|--|---|---|-------------------------------|
| 1. The name of t   | he corporation: Investors Edu   | cation Network, Inc.  |                               |
| 2. The principal   | office address: 6542 Via Treneach FL. 33446                                   |   |                               |
| 3. The mailing a   | ddress (if different):  |   |                               |
| 4. Date of incorp  | poration/qualification: 05/01/20  | O3 Document number: P030000   | 50185                         |
| 5. The name and  |   | ered agent and registered office on file with t   | the                           |
|  | Jerry Furst   |   |                               |
|  | 3370 Beau Rivage Dr # L   | 3   |                               |
|  | Pompano Beach, FL. 336  | 064   | <u> </u>                      |
| 6. The name and (if changed):  | street address of the new registered agent (if changed) and /or registered of |   |                               |
|  | Jerry Furst (note: addres   | s change only)  |                               |
|  | 6542 Via Trento   |   | 23.12                         |
|  | Delray Beach, FL. 33446   | x NOT acceptable  | 27                            |
| The street addre   | ess of its registered office and the s<br>be identical.                       | street address of the business office of its re   | gistered agent,               |
| Such change wa<br>authorized by  | s authorized by resolution duly ad<br>e board, or the corporation has be      | opted by its board of directors or by an offi<br>en notified in writing of the change.  | cer so                        |
| Jen  | of an officer or director   | Jerry Furst PSTD & Register   | ed Agent                      |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th | the appointment as registered age   | nt and agree to act in this capacity.<br>l statutes relative to the proper and comple<br>and accept the obligation of my position as<br>o reflect a change in the registered office a | te<br>registered<br>ddress, I |
| - //e-   | 7 July of Basistand Agent   | November 12, 2015   |                               |
| $\mathcal{O}$  | nature of Registered Agent  | Date  |                               |
| II signing on be   | half of an entity:  |   |                               |
| JCKI   | yand or Printed Name  |   |                               |

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