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Special Instructions to	Filing Officer:		
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ISC Strategies Consulting, Inc. Name of Corporation	
DOCUMENT NUMBER: P12000069224	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	<u> </u>
Carl Harris	
Name of Contact Person	
ISC Strategies Consulting, Inc.	
Firm/Company	
4446 Stonebridge Road	
Address	
Destin, FL 32541	
City/State and Zip Code	
charris@insurance-strat.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
Carl Harris	240-7775
Name of Contact Person	at (515)240-7775 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, to on organized under the laws of the State of Florida	his
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ISC Strategies C	onsulting, Inc.	
	l office address: 4446 Stonebridge		
3. The mailing	address (if different):		
		Document number: P12000069224	
5. The name an		istered agent and registered office on file with the	
	M&M RA Services, LLC		
	3001 SW 3 Ave		2020 HAR
	Miami, FL 33129		MAR (
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	2020 MAR 30 PM 12: 5
	Carl Harris		12: 5 ⁻
	4446 Stonebridge Road		
	· · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acceptable	
	Destin, FL 32541		
The street addras changed will	ess of its registered office and the be identical.	e street address of the business office of its registere	ed agent,
		adopted by its board of directors or by an officer so been notified in writing of the change.	
Curry		Carl Harris, Managing Principal	
_	re of an officer or director	Printed or typed name and title	
of my duties, and document is bei	The appointment as registered as to comply with the provisions of all an familiar with and accept and lied merely to reflect a change been notified in writing of this company.	gent and agree to act in this capacity. all statutes relative to the proper and complete perf the obligation of my position as registered agent. C ge in the registered office address, I hereby confirm change.	formance Or, if this that the
Cyparty		March 25, 2020	
	half of an entity:	Date	
- -	,		
T ₁	ped or Printed Name	-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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