that my name appears above, or on an attachment with all other like empowered. SIGNATURE: NELSON STABILE

Electronic Signature of Signing Authorized Person(s) Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Entity Name: INTEGRA SOLUTIONS LLC

Current Principal Place of Business:

SIGNATURE:

150 SE 2ND AVE SUITE 800 MIAMI, FL 33131 US

Electronic Signature of Registered Agent

Authorized Person(s) Detail -

City-State-Zip: MIAMI FL 33131

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	MELO, PAULO	Name	BALLESTAS, VICTOR
Address	150 SE 2ND AVE SUITE 800	Address	150 SE 2ND AVE SUITE 800
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	MGR		
Name	STABILE, NELSON		
Address	150 SE 2ND AVE SUITE 800		

MELO, PAULO

150 SE 2ND AVE SUITE 800 MIAMI, FL 33131

Current Mailing Address:

150 SE 2ND AVE **SUITE 800** MIAMI, FL 33131 US

FEI Number: 20-3844303

Name and Address of Current Registered Agent:

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L05000112285

Certificate of Status Desired: No

MANAGER

01/22/2018

FILED Jan 22, 2018 Secretary of State CC0950788585

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Date