## F0100000827

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## **COVER LETTER**

SUBJECT: Integrity Staffing Solutions And Services, Inc.  Name of Corporation
DOCUMENT NUMBER: F01000000827
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:
Heather Kaczmarczyk Name of Contact Person
Integrity Staffing Solutions Inc.
750 Shippard Or Ste 300
[Milmington DE 1980] City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (30) Jobe 8770 x 9933  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida and $\alpha$ in the state of $\alpha$ and $\alpha$ in the state of $\alpha$	Delawa		_
1. The name of t	he corporation: Integrity Staffing Solutions And Services, Inc.			
2. The principal	office address:ESTSHORE BLVD, SUITE 100, TAMPA, FL 33609			
	ddress (if different): PYARD DRIVE, SUITE 300, WILMINGTON, DE 19801			
4. Date of incorp	poration/qualification: 02/12/2001 Document number: F01000	000082	27	
	street address of the current registered agent and registered office on file w tment of State: (If resigned, enter resigned)	ith the		
	CAPITAL CONNECTION, INC.			
	417 E. Virginia St.	et v		
	Tallahassee, FL 32301-1283		13 HAR	- Lander
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	fice	25	- Andreada-
	InCorp Services, Inc.		なる	
	17888 67th Court North		50	A STATE OF THE STA
	P.O. Box NOT acceptable Loxahatchee, FL 33470	,; <del>,</del> ,		
The street addre as changed will	ss of its registered office and the street address of the business office of its be identical.	s registe	red ag	ent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an exboard, or the corporation has been notified in writing of the change.	officer s	<b>O</b>	
Signatur	Sean Montgo many e of an officer or director	Jun	eta	<b>)</b>
I hereby accept I further lagree to performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and comply futies, and I am familiar with and accept the obligation of my position appropriate to being filed merely to reflect a change in the registered office the corporation has been notified in writing of this change.	iplete i as regi	stered ss, I	
1 Ksul	February 28, 20	13 -		
3	arure of Registered Agent Date			_
If signing on bet	nalf of an entity:	-		
Josie A Sore	nsen on behalf of Incorp Services, Inc.	<b>.</b> -		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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