F0100000827

(Requestor's Name)					
(Address)					
(Äddress)					
(Addiess)					
(City/State/Zip/Phone #)					
<u>_</u>					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600431384156

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 558694 845,7317					
AUTHORIZATION:					
COST LIMIT : \$ 35.00					
ORDER DATE : July 22, 2024					
ORDER TIME : 10:20 AM					
ORDER NO. : 558694-009					
CUSTOMER NO: 8457317					
CHANGE OF AGENT					
NAME: INTEGRITY STAFFING SOLUTIONS INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Shauna Godbolt					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0302, 617.030 inge is submitted for a corporation organ or to change its registered office or regist	nized under the laws of the Sta	ue of _DE	
1. The name of t	the corporation: INTEGRITY STAFFING	SOLUTIONS AND SERVIC	ES, INC.	
2. The principal	office address:OD HIGHWAY WILMINGTON, DE 198			
	address (if different):			
4. Date of incorporation/qualification: 02/12/2001		Document number: F0	Document number: F01000000827	
	d street address of the current registered a timent of State: (If resigned, enter resign		THE LATIASSEE, FLORIT	
	INCORP SERVICES, INC.		L 26	
	3458 LAKESHORE DRIVE		SEE	
	TALLAHASSEE	FL 32312	10: C	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or register	O (**)	
	Corporation Service Company			
	1201 Hays Street			
	P.O Bo	NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business offic	e of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or otified in writing of the chang	by an officer so e.	
/S/ Luke Lindahl		Luke Lindahl, C	Luke Lindahl, CFO	
Signature of an officer of director		Printed or typed nam	Printed or typed name and title	
I further agree to of my duties, and document is beil corporation has	the appointment as registered agent an to comply with the provisions of all stat ed I am familiar with and accept the obl ng filed merely to reflect a change in the been notified in writing of this change n Service Company	utes relative to the proper añ igation of my position as reg è revistèred office address. I	y. id complete performance istered agent. Or, if this hereby confirm that the	
3y: Droge	e C-Kuble	07/25/2024		
-	nature of Registered ¥gent	Date		
If signing on be	half of an entity:			
	Asst. Vice President			
13	yped or Printed Name			
	* * * FILING FE	CE: \$35.00 * * *		

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