

F14000000912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100262838861

08/07/14--01011--012 \*\*35.00

14 AUG - 7 PM 3:30  
RECEIVED  
STATE OF CALIF.  
DIVISION OF REVENUE

C. LEWIS  
AUG 18 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Integrity Carpet Inc.

Name of Corporation

**DOCUMENT NUMBER:** FL4000000912

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:

Christopher J. Konieczny, Esq.

Name of Contact Person

McNamee, Lochner, Titus & Williams, P.C.

Firm/Company

677 Broadway, Suite 500

Address

Albany, New York 12207

City/State and Zip Code

integrityfloorcovering@gmail.com

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

For further information concerning this matter, please call:

Christopher J. Konieczny, Esq.

Name of Contact Person

at ( 518 )

447-3200

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Integrity Carpet Inc.
2. The principal office address: 1355 Delbrook S., Marco Island, Florida 34145
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/28/2014 Document number: F14000000912
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Woodward, Pires & Lombardo, P.A.

606 Bald Eagle Drive #500

Marco Island, Florida 34145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Rodgers

1355 Delbrook S.

P.O. Box NOT acceptable

Marco Island, Florida 34145

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert A. Rodgers  
Signature of an officer or director

ROBERT A. Rodgers  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robert A. Rodgers  
Signature of Registered Agent

8-4-14  
Date

If signing on behalf of an entity:

Robert A. Rodgers  
Typed or Printed Name

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

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

16 AUG -7 PM 3:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA