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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Integrity Mold Inspection, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Garv Rose Name of Person Integrity Mold Inspection Firm/Company 2642 Ravella Lane Address Palm Beach Gardens, FL 33410 City/State and Zip Code integritymold@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheryl Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  2. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Agent:  Registered Office Address:  Registered Agent:  NEW Registered Agent  NEW Registered Agent  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changes) was/were authorized by an affirmative vote of the emembers of the limited liability company or an otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signalure of a morpher or authorized representative of a member  Signalure of a morpher or authorized representative of a member of a provisions of all statutes relative to the proper and complete performance of my defined address. Thereby confirm that the limited liability company has been notified in writing of this change.  Signalure of Registered Agent  Signalure of Registered Agent	1. Na	ame of the limited liability company:	Ty roold In	spection	درد			
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  LO 9 OFFICE BOX  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  Registered Office Address:  NEW Registered Agent  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company, it is hereby confirmed that the change (s) was/were authorized by an affirmative vote of the members of the limited liability company as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a morpher or authorized representative of a member  Signature of a morpher or authorized representative of a member  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 your darks. Light of the proper and complete performance of your darks. Light of the proper and complete performance of your darks. Light of the proper and complete performance of your darks. Light of the proper and complete performance of your darks. Light of the proper and complete performance of your darks. Light of the proper and complete performance of your dar	2. (a							
3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW	(b	) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	- Palm Decc	h (o woled	_ <u>H</u>			
8. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:    Palm Beach Gardens, FL 33410					•			
Registered Agent:  Registered Office Address:  Registered Office Address:    2425 San Pietro Circle   2425 San Pietro Cir	3. D	ate of filing/registration in Florida	4. Document num	per				
Registered Office Address:    Palm Beach Gardens, FL 33410	5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address.  NEW Registered Office Address.  NEW Registered Office Add		Registered Agent:	Gary Rose	***	•••			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a manyber or authorized representative of a member  Gary Rose  SHEAY L. RUSE  Printed or typed name of signee  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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Litereby confirm that the limited liability company has been notified in writing of this change.		Registered Office Address:	2425 San Pietro Circle	TAL	ದ			
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00