

L10000055835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

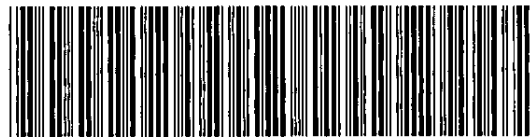
(Document Number)

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

Special Instructions to Filing Officer:

Rec 9/2/12 No Money

Office Use Only



000231143410

10/04/12--01001--003 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -2 PM 3:03

NO\$

OCT - 3 2012

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NTEGRITY REALTY SOLUTIONS 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:

ANGELA M PARADISO

Name of Person

NTEGRITY REALTY SOLUTIONS LLC

Firm/Company

2582 MAGUIRE RD # 251

Address

OCOE, FL 34761

City/State and Zip Code

ANGIE@INTEGRITYREALTYFL.COM

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

For further information concerning this matter, please call:

ANGELA M PARADISO

Name of Person

at ( 407 )

403-0793

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

*N/A - only change of address*

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 OCT -2 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 13, 2012

ANGELA M PARADISO  
2582 MAGUIRE RD  
# 251  
OCOE, FL 34761

SUBJECT: INTEGRITY REALTY SOLUTIONS LLC  
Ref. Number: L10000055835

We have received your document for INTEGRITY REALTY SOLUTIONS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 912A00023096

**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.*

1. Name of the limited liability company: INTEGRITY REALTY SOLUTIONS LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

492 MICKLETON LOOP  
OCOEE, FL 34761

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

492 MICKLETON LOOP  
OCOEE, FL 34761

05/24/2010

L10000055835

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: ANGELA M PARADISO

Registered Office Address: 492 MICKLETON LOOP  
OCOEE FL 34761

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: N/A

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**) 2582 MAGUIRE RD # 251  
OCOEE, FL 34761

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.

Angela Paradiso  
Signature of a member or authorized representative of a member

MNG

ANGELA M PARADISO

Printed or typed name of signer

*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, I hereby confirm that the limited liability company has been notified in writing of this change.*

Angela Paradiso  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -2 PM 3:00