110000091566

(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



000252739130

10/18/13--01006--007 **25.00

13 OCT 18 KH IO: 37

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Integrity AC, LLC Name of Limited Liability Company
Name of Elimica Elability 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:
LORI Kanter
Integhity A/C, UC
12815 Kite DR. (New address)
Bradenton 1 34202
City/State and Zip Code LORI The AC Lady @ Aol. Com E-mail address: (to be used for future annual registration)
For further information concerning this matter, please call:
LORI Kanter at (941) 704-9413
Name of Person 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:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR POTH 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: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. (a) Principal office address of limited liability company: Note: MUST BE STREET ADDRESS States on 1342/2
(b) Mailing address of limited liability company: $(Note: MAY BE POST OFFICE BOX)$ Reader-ton, (1343/2)
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: 10110 Cherry Hill Staden for 134002
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) NEW Registered Office Address: 12815
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 member or authorized representative of a member
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. On 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. Signature of Registered Agent

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