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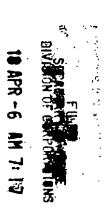
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TO:

INHS18 (2/14)

Registration Section

Division of Corporations INTEGRATED MERCHANT SERVICES 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: **RUBEN GONZALEZ** Name of Person INTEGRATED MERCHANT SERVICES LLC Firm/Company 7165 SW 47h ST UNIT 320 Address MIAMI, FL. 33155 City/State and Zip Code directfueltransport@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 9607005 RUBEN GONZALEZ Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 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 605.0114 or 605.0116, 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.

l. Na	me of the limited liability company: INTEGRATE	D MERCHANT	SERVICES LLC	
2. (a)	7165 SW 47th ST # 320 MIAMI FL 33155	(b) 7165 SW 47th ST# 320 MIAMI FL 33155		
. , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	11/21/2011 Date of filing/registration in Florida	L11000	132343 Document number	
	OBANDO, JOHN J	٦.	Bocument named	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 7165 SW 47th ST UNIT 320 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	MIAMI , F		APR -6	
(b)	RUBEN GONZALEZ Enter name of NEW Registered Agent and/or NEW Registere 7165 SW 47th ST UNIT 320	d Office address:	- 1 Table 8	
	NEW Registered Office Address:			
	MIAMI, F.	L_33155		
he cha igent w vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered offi liability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.	
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	
provisio he obli o mere iotified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It in writing of this change.	gree to act in this ca e performance of m ed for in Chapter 60 I hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been	