## 13000006032

(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:				





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## **COVER LETTER**

Registration Section TO: Division of Corporations Integrity Reserve Company, LLC SUBJECT: \_ 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: Ruth A. Danhires Name of Person Integrity Reserve Company, LLC Firm/Company 6003 T. Honore Ave., Ste. 101 Address Sarasota, FL 34238 City/State and Zip Code Inf@Integrityfunding.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ruth A. Danhires Area Code & Daytime Telephone Number Name of Person 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 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 Reser	ve Company, LLC			
2. (a) Principal office address of limited liab	nility company:	6003 <b>1</b> Honore Ave., \$	Ste. 101		
(Note: MUST BE STREET ADDR		SArasota, FL 34238			
(b) Mailing address of limited liability co		SA <b>M L</b>	2013 JW		
January 11, 2013		L13000006032	26		
3. Date of filing/registration in Florida		Document number	FE S		
5. (a) Registered Agent and Registered Off	ice shown on th	e records of the Florida	Dept. of State:		
Registered Agent:	_	Ruth A. Danhires	***		
Registered Office Address:		8181 S. Tamiami Trail, Ste. B			
Rogistered Office Madress.	-	Sarasota, FL 34231			
NEW Registered Agent: NEW Registered Office Address:	-	6003 <b>€</b> Honore Ave,	Ste. 101	<del></del>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRES		Sarasota, FL 34238			
MOST BB T BOXED TSTICLE TO	- <u>DALDB</u>		,FL		
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agen liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	te made, the Flo t will be identice the change(s) v or as otherwise	rida street address of th al. Or, in the case of a vas/were authorized by	ne registered off Florida limited an affirmative	vote of	
Signature of a member or authorized representative of a me	mber	•			
Ruth A. Danhires Printed or typed name of signee					
I hereby accept the appointment as registere comply with the provisions of all statutes reliand I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited lians of the confirmation of the con	ed agent and aguative to the propertions of my posting filed to mere bility company	ree to act in this capact per and complete perfoi tion as registered agen ly reflect a change in t has been notified in wr	ity. I further ag rmance of my d it as provided fo the registered of iting of this cha	ree to uties, or in fice nge.	

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

Signature of Registered Agent