## 1/3000/2355/

(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: UCT 2.5 2013		
A. LUKT		
A. LON	ŀ	
·		

Office Use Only



400252733154

10/21/13--01022--004 \*\*25.00

TALLAHASSEL PLANT

1136ET 21 PH 2-8

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: VitegrituL Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Teresa Dowdell  Name of Person  Vitegrity LLC	2013 OCT 21 FALLAHASSEE		
Firm/Company			
970 Lake Carillo	n Dr Ste 300		
St. Peters burg, City/State and Zip Code	FL 33716		
E-mail address: (to be used for future annual report notification	COM on)		
For further information concerning this matter, plea	ase call:		
Teresa Dowdell at (	727) 709-170) 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 BOTH FOR LIMITED LIABILITY COMPANY

Pyrsuant 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.

agon, or boin, in the blace of 1 torica.	
1. Name of the limited liability company:	grityLLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	st. Petersburg PL 3371
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	970 Lake Carillon Dr Ste 300 3+ Peters burg FL 3371
9/3/2013	L1300012355)
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	والمرابعة المستحد المس
Registered Agent:	levesa Doudelt
Registered Office Address:	970 Lake Carillon Dr
	St. Peter Shuring FC 33716
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
<u><b>NEW</b></u> Registered Agent:	Law Office of Dale Appell, PA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	805 W. Azeele St
	Tampa ,FL 33606
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherw the operating agreement of the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited
Signature of a member or authorized representative of a member	
Teresa Dowdell	
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my perfect that the provision of the plant is being filed to make the control of the provision of the provis	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Dene	

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