L150000 49852

(Requestor's Name)	
(Address)	_
(Address)	_
· ·	
(City/State/Zip/Phone #)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
Miold folls	





900302715989

08/23/17--01026--021 **35.00

17 SEP -7 PN 3: 25
SECRETARY OF STATE
ANASSEF FLORIDA

S. WARREN SEP 1 3 2017



August 25, 2017

RON NICKLESS 227 GRAHAM RD FERN PARK, FL 32730

SUBJECT: INTEGRITY CONCEPTS LLC

Ref. Number: L15000049852

We have received your document for INTEGRITY CONCEPTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with 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.

Letter Number: 517A00017579

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Integrit, Conce	nited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	to the following:							
Name of Person								
Integrity Concepts L	LC_							
227 Graham hd Address								
Casselberry, F1 32730 City/State and Zip Code								
Non DITATEOGH CONCEPTS OF CONC	rt notification)							
For further information concerning this matter, please c	all:							
non Nichless arce	205 422-8535							
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:								
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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.

1 101 Ich	"· · · · · · · · · · · · · · · · · · ·							
1. Na	ime of the limited liability company:	10,941/	Conce	pts_	4C			
2. (a)		/ (ь) <u>аал</u>	Grat	sam P)d.		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing addı <u>(Note: M.</u>	ess of limite		-	•
	Casad burny F1 32730		CASSU	lberr	F1 ?	2730)	
			<u> </u>					
					_		-	
_	3/19/15			<u>0000</u>	<u> 1040</u>	<u>862</u>		
3.	Date of filing/registration in Florida	4.		Documer .	it number			7/2
5. (a)	Registered Agent and Registered Office shown on the records of		la Dent of State					
	1201 HAYS Street		· -	T Sh				. ***
	Registered Office Address (MUST BE FLORIDA STREET			-2		S: →		
					LA	7 SE		•
	JAllahasse, F	_L 多之	<u> 301</u>		HASS	A. A.	F	مبيد.
	Dog Nocklass				Ä	워글	ED.	*, -
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ac	ddress:		FLOF	Z Š		
	000 (01				ĐA			•
	NEW Registered Office Address:							
	tegrated white Nuclear							
	<u> </u>							
	Casselbern, F	۲ <u> </u>	<u> </u>					
If the li	imited liability company is not organized under the l	aws of the	e State of Flo	orida, it is	hereby co	onfirmed	that af	ter
agent v	inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	liability c	ompany, it is	hereby c	onfirmed	that the	change	(s)
	ere authorized by an affirmative vote of the members cles of organization or the ope ratin g agreement of th				y or as oth	ierwise p	rovide	d in
	-hwy		<u>Yhan</u>	7/30	chlee	55		
_	ture of a member or authorized representable of a member by accept the appointment as registered agent and ap	eree to ac	et in this can		typed name rther gore	~	inlv wi	th the
provisi the obl	ons of all statutes relative to the proper and complet igations of my position as registered agent as provia	e perforn led for in	nance of my a Chapter 605	tuties, and . F.S. Or.	d I am fan if this do	niliar wit cument i	h and c s being	accept I filed
to mere	Ny reflect a change in the registered office address, if in writing of this change.	i hereby c	confirm that i	the limited	t liability	company) has 5	een
\sim								

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

Signature of Registered Agent