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AUG 13 2015 J SHIVERS



July 24, 2015

CHARLES CASTELLON 14129 TOWN LOOP BLVD SUITE 200 ORLANDO, FL 32837

SUBJECT: INTEGRITY INVESTMENT SOLUTIONS, LLC

Ref. Number: L15000119881

We have received your document for INTEGRITY INVESTMENT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must fill out section 5(a).

Please return the corrected original and one copy of 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: 415A00015565

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of Corporations		
SUBJECT: Integrity Investment Solution, 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:		
Charles P. Castellon, Esq. Name of Person		
C.PC Law Firm/Company		
14129 Town Loop Blvd. Suite 200		
Orlando FL 32837 City/State and Zip Code		
Charles @ coclaw. net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Charles Custellon at (407) 851-0201 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 60\$.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. Name of the limited liability company Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shows on the records of the Florida Dept. of State: onna (MUST BE FLORIDA Enter name of NEW Registered Agent and/or NEW Registered Office address: 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. haralin M. Lumler <u>Ouinlor</u> Signature of a member or authorized representative of a member Printed or typed name of signed 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 605, F.S. Or, 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.

Charles Castellon for CPC Law

Signature of Registered Agent