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Division of Corporations

Fax Number : (850)617-6383

From:

DOKEN STORY YOU

Account Name Account Number : 120000000249

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Phone : (813) 223-7333

Fax Number

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## LLC REGISTERED AGENT CHANGE INTEGRITY LAB SOLUTIONS LLC

Certificate of Status	0
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	**	i de la companya de l			
EMENT OF CHANGE OF REGISTERED OF LIMFFED LIABIL 10 the provisions of sections 605.0114 or 605.0116,	JITY COMPANY  Florida Statutes, the undersigned li	mited liability company			
the following statement in order to change its reg	-	or both, in the State of			
me of the limited liability company: Integrity Lab 5					
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(b) Muiting address of limited Hability company: (Note: MAY BE POST OFFICE BOX)				
160 Congress Park Drive, Suite 110	160 Congress Park Drive, Suite 110				
Delray Beach, FL 33445	Delray Beach, FL 33445				
July 24, 2015	L15000126815				
Date of filing/registration in Florida	4. Document numb	ют			
		7			
Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State:	2015 SEC ALL			
Timothy M. Thompson					
Registered Office Address MUST BE FLORIDA STREET A	IDDRESSI	NOV RETA AHAS			
13951 SW 24th St., Apt. 101		රා 223 <del></del>			
Davle , FL	33325	ώ <sup>©</sup> . ώ∹< <b>⊙</b>			
The state of the s		ک <sub>ند</sub> ند ک			
		64.8 10.44 1			
Enter name of NEW Registered Agent und/or NEW Registered	Office address:	ATE RIDE			
Administration III Manager		ြော်			
Marshall Young					
NEW Registered Office Address:					
160 Congress Park Drive, Sulte 110					
Delray Beach	33445				
Delray Beach , FL					
mited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or in the case of a Florida limited lie authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered office and the busines ability company, it is hereby confirm of the limited liability company or us	a office of the registered			
ura of a meraberior authorized representative of a metaber	Printed or typed na	ine of signee			
one y a stending to appointment as registered agent and agr ons of all statutes relative to the proper and complete legations of my position as registered agent as provide by reflect a change in the registered affice address, I tally upiding of this change.	ee to act in this capacity. I further a performance of my duties, and I am d for in Chapter 605, F.S. Or, if this hereby confirm that the limited liabil	gree to comply with the familiar with and accept document is being filed ity company has been			
re of Registered Agent					
Division of Corporations P.O. I	Box 6327 • Tallahassco, FL 32314				

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