## 1500176434

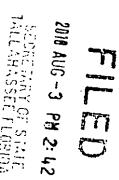
(Re	equestor's Name)							
(Ac	ldress)							
(Ac	ddress)							
(Ci	ty/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Bu	usiness Entity Nar	ne)						
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								

Office Use Only



400316358464

08/08/18--01008--007 \*\*25.00



N RRUCE

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations INTEGRATED ASSOCIATION SERVICES, 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: Mario Guevara Name of Person Integrated Association Services, LLC Firm/Company 5000-18 US HWY 17 S #123 Address Fleming Island, FI 32003 City/State and Zip Code mario@integratedcamservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mario Guevara 904 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 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. 1	Name of the limited liability company:	TEGRATED AS	SC	CIATION	N SERVICES, L	LC		
2. (a)	5000-18 US HWY 17 S #123		(b) 5000-18 US HWY 17 S #123					
	Principal office address of limited liabilit  (Note: MUST BE STREET ADDI		(0		Mailing address of lim (Note: MAY BE P			
	Fleming Island, FI 32003			Fleming	Island, FI 3200	)3		
	10/16/2015				L15000176434	4		
3.	Date of filing/registration in Flo	orida 4.	_		Document number	 ⊇r		<u> </u>
5. (a)								
	Registered Agent and Registered Office shown or 4613 US HIGHWAY 17 STE 3	the records of the Flor	rida '	Dept. of State	- E:			
	Registered Office Address (MUST BE FLOR	IDA STREET ADDRE	SS		-			
	Fleming Island	, <sub>FL</sub> 3200	3		-		2018	
		, FL					AUG	1
(b)	Guevara, Mario C					SS 4.7	- 1	
• •	Enter name of NEW Registered Agent and/or NI	W Registered Office	*ddi	ress:		133 0 3.5	ယ —	
						-T7 -77	P	
	VENUE					STATE	?	
	NEW Registered Office Address:					Σ-111 1-12	42	
	5000-18 US HWY 17 S #123			<del></del>				
	Fleming Island	, FL_32003	3					
agent v	imited liability company is not organized unge or changes are made, the Florida stree will be identical. Or, in the case of a Florida present of the case of a floridation or the operating agree	et address of the reg la limited liability of members of the li	riste com mite	ered office spany, it is ad liability	and the business of hereby confirmed	office of	the re	gistered
-1-1	1/0500			Mario Guevara				
	ure of a member of authorized representative of a m				Printed or typed name	-		
the obli	by accept the appointment as registered agons of all statutes relative to the proper an igations of my position as registered agently reflect of change in the registered office in writing of this change.	ent and agree to ac id complete perform as provided for in address, I hereby	ct in nan Chi con,	this capac ce of my di apter 605, firm that th	city. I further agr uties, and I am fan F.S. Or, if this da he limited liability	ee to coi niliar wi ocument compan	nply with and is being has i	rith the accept ng filed been
Signatur	e of Registered Agent	<del></del> -						
6		BA						
_	Division of Corporation	ons• P.O. Box 632	7●	Tallahass	ee, FL 32314			

**FILING FEE: \$25.80**