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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TNTEGRAL CHAIN  Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
BRITTANY JOHNSON Name of Person	
INTEGRAL CHAIN I	
470 8rd 8t. S. #709 Address	
87. Peters burg FL 33701 City/State and Zip Code	<b></b>
E-mail address: (to be used for future annual report no	vification)
For further information concerning this matter, please call:	
BRITTANY JOHNSON at (72) Name of Person	7 871.1833 Area Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
a for the relief will will	

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$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.	Na	Name of the limited liability company: TNTECRAL CHA	IN UC	_
2. (	(a)	Principal office address of limited liability company: Mailing ad	ZAL CHAIN U.C. Idress of limited liability company:  MAY BE POST OFFICE BOX)	<u>-</u>
		CO Bori HANY JOHNSON UD BRIT	TANY JOHNSON	
		470 3" St. S. #709. 470 3"9 ST. PETERSRURG + L 33701 ST. PETE	St.S. #707 GRSBVEG. FL 3370	 . i
		1/11/10	0012508	•
3.		Date of filing/registration in Florida 4. Docume	ent number	
5.	(a)	a) Pritany G. Jothson		
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		470 39 82 S #709		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
(	(b)	St. Peterskurg , FL 33701  NORTHWEST REGISTERED AGENT LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:	16 FEB -8 PM	
		3030 N. Rocky Point Drive, STE 150A	4 2: 22	
		NEW Registered Office Address:	н*	
		Tampa , FL 33607		
the age was the Shapro the to n	cha nt v s/we arti enat erel visi obli	c limited liability company is not organized under the laws of the State of Florida, it is hange or changes are made, the Florida street address of the registered office and the twill be identical. Or, in the case of a Florida limited liability company, it is hereby were authorized by an affirmative vote of the members of the limited liability company. The printed of the limited liability company.  The proper authorized representative of a member of the limited liability company. The printed of the appointment as registered agent and agree to act in this capacity. If it is is a significant of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and bligations of my position as registered agent as provided for in Chapter 605, F.S. Of the proper and complete performance of my duties, and the proper and complete performance of my duties, and the proper and complete performance of my duties, and the proper and complete performance of my duties, and the proper and complete performance of my duties, and the proper and complete performance of my duties, and th	business office of the registere confirmed that the change(s) ny or as otherwise provided in or typed name of signee further agree to comply with the	 e
7		Tom Glover Assistant Secretary		

Signature of Registered Agent