## L16006 076 056

(Requestor's Name)							
(Address)							
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(Civ.(Civ.) Civ.(Div.v.) 40							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2019

INTEGRITY SPORTS COMPANY LLC 10360 WEST STATE ROAD 84 FT LAUDERDALE, FL 33324

SUBJECT: INTEGRITY SPORTS COMPANY LLC

Ref. Number: L16000076056

We have received your document for INTEGRITY SPORTS COMPANY 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):

The registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 719A00015287

Yasemin Y Sulker Regulatory Specialist III

## **COVER LETTER**

Registration Section

TO:

Divi	sion of Corporations								
OUD INCT	Integrity Sports Company LLC								
SUBJECT:	Name of Limited Liability Company								
Dear Sir or N	Madam:								
The enclosed	d Registered Agent/Registered Off	fice Change a	nd fe	e(s) are submitted for filing.					
Please return	all correspondence concerning th	iis matter to t	he fol	llowing:					
William F.	Mueller, Esq.								
	Name of Person	<del></del>		•					
Kelley Kro	nenberg, P.A.								
	Firm/Company			-					
10360 We	st State Road 84								
	Address								
Ft. Lauder	dale, FL 33324								
	City/State and Zip Code								
WMueller(	@kelleykronenberg.com								
E-mail	address: (to be used for future and	nual report no	tifica	ation)					
For further in	nformation concerning this matter	, please call:							
William F.	Mueller	954 at (		370-9970					
	Name of Person			Area Code & Daytime Telephone Number					
Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:									
<b>2</b> \$2	25 Filing Fee	G	\$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. N	ame of the limited liability company: Integrity Spe	orts Co	m	pany LLC	
2. (a)				)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				1300 Par	k of Commerce, Suite 272
				Delray B	each, FL 33445
	April 18, 2016		ı	L1600007	6056
3.	Date of filing/registration in Florida	<b>—</b> 4.	-		Document number
5. (a)					
·· (-)	Registered Agent and Registered Office shown on the records of	f the Flori	da i	Dept. of State:	
	ALAN B. TAYLOR & ASSOCIATES PA				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>55)</u>		
	5728 Major Blvd., Suite 700				A.S. A
	Orlando	3281	9		2019 SEP
	, F	L	_	<del></del>	Si Tr
(b)	•				
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddı	ress:	3
					PAIR: 2
	Kelley Kronenberg, P.A.				
	NEW Registered Office Address:				2.4 2
	10360 West State Road 84				
	Ft. Lauderdale	_ 33324	4		
he cha gent w /as/we	imited liability company is not organized under the lange or changes are made, the Florida street address or ill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg iability of of the line limited	iston mit lia	ered office and appany, it is lead to be a lead of the apparent of the apparen	and the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in any.
8/12	ion S. Painter	_	S	haron S.	Painter Printed or typed name of signee
-	ure of a member or authorized representative of a member				
oujtea	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of the stange.	ree to ac perform d for in hereby c	t it nan Ch con	n this capac ace of my du apter 605, i afirm that th	ity. I further agree to comply with the ties, and I am Jamiliar with and accept F.S. Or, if this document is being filed e limited liability company has been
ignatur	e of Registified Agent				
	Division of Corporations P.O.	Box 632	7•	Tallahasse	e, FL 32314

FILING FEE: \$25.00