## 1/700039582

(Requestor's Name)						
(Address)						
. (Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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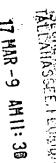
Office Use Only



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MAR 1 0 2017 S. YOUNG







CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: March 7, 2017

Order#: 538833/005

Re: INTEGRATE TEC, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Rachel O'Hayer

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

SECRETARY OF STATE TALLIANS SEE, I LONG.

## 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	me of the limited liability company: <u>INTEGRATE TE</u>	C, LLC		
2.	(a)	Principal office address of limited liability company:	(b	)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		1	(Note: MAY BE POST OFFICE BOX)
		431 Citrus Avenue	<del></del> _	431 Citrus	s Avenue
		Nokomis, FL 34275		Nokomis,	FL 34275
		2/21/17		L1700003	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			
		Registered Agent and Registered Office shown on the records of the			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	)	
		1200 South Pine Island Road			
		Plantation , FL	33324		
		Corporation Service Company			MAR -9 AMII: 36
		Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	1 & & & & & & & & & & & & & & & & & & &
		1201 Hays Street			= 5
		NEW Registered Office Address:			ယ <u>ထိ</u>
				<u></u>	
		Tallahassee , FL	32301		
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the limi	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Paula Hear	PAU	LA HEALY,	Authorized Person
	_	rure of a member or authorized representative of a member			Printed or typed name of signee
I h pro the to i not	ereb visio obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	ee to act performa I for in C lereby co	in this capa ince of my a hapter 605, infirm that t	acity. I further agree to comply with the luties, and I am familiar with and accept .F.S. Or, if this document is being filed he limited liability company has been
Sig	natur	re of Registered Agent Corporation Service Company	BY: G	race E. Kirb	y, Assistant Vice President