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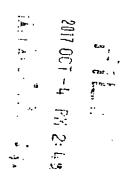
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## **COVER LETTER**

то:	Registration Sc Division of Co	•							
SUBJE	cr. Integrity Logistical Solutions LLC								
	<del>-</del>	N.	ame of Limited Liab	ility Company					
Dear Si	r or Madam:								
The enclosed Statement of Correction and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
Brian Whitney									
		Name of Person		-					
Integrity Logistical Solutions LLC									
		Firm/Company		-					
143	91 Sprin	g Hill Drive S	uite 501	-					
_		Address							
Spr	ing Hill,	FL 34609							
City/State and Zip Code									
		itney@gmai		_					
E-	mail address: (to	be used for future annual	report notification)						
For further information concerning this matter, please call:									
		•		770 4450					
BLIS	an Whiti		<sub>at (</sub> 704	770-1450					
	Name	of Person	Area Code	Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:									
☐ S25	Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee. Certificate of Status & Certified Copy					

CR2E062 (9/15)

## STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

X		THECK THE APPROPRIATE BOX AND COMI ns an incorrect statement. The incorrect statement, the			ected		
	stateme	itement are as follows:					
		Incorrect statement: 11443 Maripoe Road, Weeki Wachee, FL. US 34614 as street/mailing/member address					
	Reaso	Reason the statement is incorrect: Submitted incorrectly through Rocketlawyer.com service					
	Correct	Corrected statement: 14391 Spring Hill Drive Suite 501, Spring Hill, FL 34609 as street/mailing/ member address					
	OR Was de as follo	efectively signed. The manner in which the documerows:	nt was defectively signed and the	e appropriate co	rrection are		
				2:4:4			
	<u>OR</u>			•			
	The ele	ectronic transmission of the record was defective.	10/03 Date 6	2/2017			
		ew registered agent, if applicable :( NOTE: if corrections).	ing the registered agent, the new	registered agen	t must sign		
- Lhereb - provisi - obligat	v accept ons of a ions of r a chang	d Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a ll statutes relative to the proper and complete performy position as registered agent as provided for in Clar in the registered office address. I hereby confirm to	mance of my duties, and I am fai apper 605, F.S. Or, if this docum	miliar with and a nent is being file	accept the ed to merely		
Registered Agent's Signature							
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				