

L18000026438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

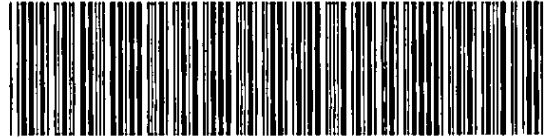
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100312318391

04/27/18--01013--006 \*\*25.00

FILED  
2018 APR 27 PM 5:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 03 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Integrity Financial, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony W Parker Sr

Name of Person

Florida Integrity Financial, LLC

Firm/Company

11961 N Florida Ave, Suite D

Address

Tampa FL 33612

City/State and Zip Code

tman320@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony W Parker Sr at ( 719 ) 964-9080  
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:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**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.

**FIRST:** The name of the limited liability company is: Florida Integrity Financial, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000026438

**THIRD:** Document to be corrected is: NAME OF THE COMPANY (LLC)

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Florida Integrity Financial, LLC is incorrect

reason: name of the LLC was misspelled

Florida Integrity Financial, LLC is the correct spelling

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.

Tony W. Parker SR 4-25-2018  
Signature of Authorized Representative Date

FILED  
2018 APR 27 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(NO CHANGE)  
\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**