

L18000110790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

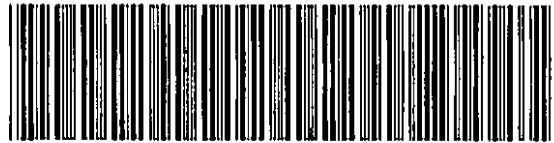
(Business Entity Name)

(Document Number)

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2020 AUG 27 A 9 44
CLERK OF STATE
TALLAHASSEE, FLORIDA

10/12/20
V Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrity Health Solutions

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Daff

Name of Person

Firm/Company

500 NE Spanish River Blvd Ste 202

Address

Boca Raton, FL 33431

City/State and Zip Code

integrityhealthsolutions@hotmail.com

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

For further information concerning this matter, please call:

Daniel Selnick

at (561) 271-2777

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Integrity Health Solutions

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

500 NE Spanish River Blvd Ste 26

Boca Raton, FL 33431

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

500 NE Spanish River Blvd Ste 26

5/02/2018

L18000110780

3. Date of filing/registration in Florida

4. Document number

5. (a) Daniel Selnick

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

500 NE Spanish River Blvd Ste 26

Boca Raton, FL 33431

(b) Joshua Daff

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

500 NE Spanish River Blvd Ste 202

Boca Raton, FL 33431

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Joshua Daff

Printed or typed name of signer

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.

Signature of Registered Agent

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2020 AUG 27 A 9 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA