## L190000 26223

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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RIO: 83

(1/1)

FEB 1 9 2019 I ALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations						
Integra Internet LLC						
SUBJECT: Na	ne of Limited	Liability Company	<del> </del>			
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitte	d for filing.			
Please return all correspondence concerning th	nis matter to th	ne following:				
Elisabet Lopez						
Name of Person	<del></del>		FILING CANCELLED			
Integra Internet LLC			DUE TO RETURNED CHECK			
Firm/Company		<del></del>				
223 Crown Oaks Way						
Address						
Longwood, FL 32779						
City/State and Zip Code						
eli@integrainternet.com						
E-mail address: (to be used for future and	nual report not	ification)				
For further information concerning this matter	, please call:					
Elisabet Lopez	407	310-7325				
Name of Person	at (					
Name of Person		Area Code & Day	etime Telephone Number			
STREET/COURIER ADDRESS:		MAILING ADDRESS:				
Registration Section	Registration Section					
Division of Corporations Clifton Building	Division of Corporations					
2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following	amount:					
■ \$25 Filing Fee	<b>Q</b> :	\$55 Filing Fee & Cer	tified 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. Na	me of the limited liability company:	integra Internet LLC					
2. (a)	223 Crown Oaks Way			own Oaks Way			
(u)	Principal office address of limited li (Note: MUST BE STREET & Longwood, FL 32779	ability company:		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Od, FL 32779			
	United States of America		United S	tates of Ame	erica 		
	January 24, 2019		L1900002	26223			
3. 5. (a)	Date of filing/registration in Elisabet Lopez	n Florida 4.	-	Document nur	mber		
J. (a)	Registered Agent and Registered Office sho	wn on the records of the Flori	da Dept. of State				
				FILING CANCELLED			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 223 Crown Oaks Way			DUE'	DUE TO RETURNED CHECK		
	Longwood	32779 , FL	9	MOFER IN AND 83			
(b)	Barry Mestel						
	Enter name of <u>NEW Registered Agent</u> and	/or NEW Registered Office a	<u>ddress</u> :				
	NPW N. Jan LOW All.		·		5. 6.		
	NEW Registered Office Address: 223 Crown Oaks Way				ို့ မိ		
				-	•		
	Longwood	32779 , FL	9				
the cha agent w was/we	imited liability company is not organ nge or changes are made, the Florida vill be identical. Or, in the case of a ere authorized by an affirmative vote cles of organization or the operating	a street address of the reg Florida limited liability of of the members of the li	gistered office company, it is mited liability I liability con	e and the busing the sereby confirmation or a company or a sereby company or a sereby company.	ess office of the registered med that the change(s) as otherwise provided in		
	13 any 2 · M (. A). ure of a member or authorized representative		BF	RRY L.	INESTEL name of signee		
provision the obli to mere notified	by accept the appointment as register ons of all statutes relative to the pro- igations of my position as registered ely reflect a change in the registered I in writing of this change.	per and complete perfort agent as provided for in office address, I hereby	ct in this cape nance of my Chapter 605 confirm that	acity. I further duties, and I ar , F.S. Or, if th the limited liah	agree to comply with the mail and accept as document is being filed billy company has been		
Signatur	re of Registered Agent	<u> </u>					

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00