## L19000 135 091

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

INHS18 (2/14)

| TO: Registration Section Division of Corporations   |                 |   |  |  |  |  |
|---|-----------------|---|--|--|--|--|
| SUBJECT: Integrity Tax Group, LLC   |                 |   |  |  |  |  |
| Na  | me of Limited   | l Liability Company   |  |  |  |  |
| Dear Sir or Madam:  |                 |   |  |  |  |  |
| The enclosed Registered Agent/Registered Of   | fice Change a   | and fee(s) are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning to  | his matter to t | he following:   |  |  |  |  |
| Jesica Shellman   |                 |   |  |  |  |  |
| Name of Person  |                 |   |  |  |  |  |
| Integrity Tax Group, LLC  |                 |   |  |  |  |  |
| Firm/Company  |                 | <del></del>   |  |  |  |  |
| 948 20th Street   |                 |   |  |  |  |  |
| Address   |                 |   |  |  |  |  |
| Vero Beach, FL 32960  |                 |   |  |  |  |  |
| City/State and Zip Code   |                 | <del></del>   |  |  |  |  |
| jshellman@integritytaxgroup.org   |                 |   |  |  |  |  |
| E-mail address: (to be used for future an   | nual report no  | otification)  |  |  |  |  |
| For further information concerning this matter  | r, please call: |   |  |  |  |  |
| Jesica Shellman   | 772             | 213-3232  |  |  |  |  |
| Name of Person  | \               | Area Code & Daytime Telephone Number  |  |  |  |  |
| ⇒ STREET/COURIER ADDRESS:<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle<br>Tallahassee, Florida 32301 |                 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |  |  |
| Enclosed is a check for the followin  | g amount:       |   |  |  |  |  |
| <b>☑</b> \$25 Filing Fee  |                 | ☐ \$55 Filing Fee & Certified Copy  |  |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

| rmn  |   | av Craun  | шс   |  |  |                                      |  |
|--|---|---|--|--|--|--------------------------------------|--|
| I. N   | ame of the limited liability company: Integrity Ta  | ax Group,   |  |  |  |                                      |  |
| 2. (a)   | Integrity Tax Group   | (b  | ) Integrity  | y Tax Group  |  |                                      |  |
|  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   |  | Mailing address of l   |  | •                                    |  |
|  | 948 20th Street   |   | 948 20t  | h Street   |  |                                      |  |
|  | Vero Beach, FL 32960  |   | Vero Be  | each, FL 3296  | 60   |                                      |  |
|  | 5/20/2019   |   | L190001  | 35091  |  |                                      |  |
| 3.   | Date of filing/registration in Florida  | 4.  |  | Document num   | <br>iber   |                                      | <del></del>  |
| 5. (a  | 、Jesica Shellman  |   |  |  |  |                                      |  |
| J. (a  | Registered Agent and Registered Office shown on the record  | s of the Florida  | Dept. of Sta   | <del></del><br>ite:  |  |                                      |  |
|  |   |   |  | _  |  |                                      |  |
|  | Registered Office Address (MUST BE FLORIDA STRE   | ET ADDRESS  | บ  |  |  |                                      |  |
|  | 5101 Southwind Trail  |   |  |  |  |                                      |  |
|  | Ft. Pierce  | .FL 34951   | - 17 - 1.2 - 10  | •  |  |                                      |  |
|  |   |   |  | -  |  |                                      |  |
| (b)  |   |   |  | _  | AS:  | 201                                  |  |
|  | Enter name of NEW Registered Agent and/or NEW Register  | ered Office ad  | <u>dress</u> :   |  | 380  | 9 AL                                 | أسارس  |
|  |   |   |  |  | <u> </u>   | 2019 AUG 30                          |  |
|  | NEW Registered Office Address:  |   |  | _  | The second secon |                                      | !<br>[7]   |
|  | 948 20th Street   |   |  |  | (E)  | <b>*</b>                             | D  |
|  | Vero Beach,   | .FL 32960   |  | -  |  | : 20                                 | .*   |
|  | •   | , FL  |  | _  |  |                                      |  |
|  | limited liability company is not organized under the<br>ange or changes are made, the Florida street address  |   |  |  |  |                                      |  |
| agent  | will be identical. Or, in the case of a Florida limited   | d liability co  | ompany, it i   | is hereby confirm  | ned tha  | it the c                             | hange(s)   |
|  | rere authorized by an affirmative vote of the membe<br>ticles of organization or the operating agreement of   |   |  |  | sother   | wise pi                              | rovided in   |
|  |   |   | ica Shelli   | • •  |  |                                      |  |
| Sign   | ature of a member or authorized representative of a member  |   | Printed or typed name of signee                        |  |  |                                      |  |
| I here<br>provis<br>the ob-<br>to men<br>notific | why accept the appointment as registered agent and tions of all statutes relative to the proper and complifications of my position as registered agent as provedly reflect a change in the registered office addressed in writing of this change. | agree to act<br>lete perform<br>lided for in (<br>s, I hereby c | in this cap<br>ance of my<br>Chapter 60<br>onfirm that | pacity. I further<br>duties, and I am<br>5, F.S. Or, if thi<br>t the limited liabi | agree I<br>Jamili<br>s docu<br>lity coi  | o com<br>ar with<br>ment is<br>mpany | ply with the<br>hand access being file<br>has been |
| Signa  | ure of Registred Agent  |   |  |  |  |                                      |  |

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