## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-**1**803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE INTEGRATED WEB SERVICES LLC

Certificate of Status	0
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## 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	nme of the limited liability company: Integrated V	Ŋ	eb Serv	vices LLC	)			
2. (a)		(	(b)	_				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  13217 Sw 9th Ln				•	
	13217 Sw 9th Ln							
	Miami FL 33184		Miami F	L 33184				
	02/18/20		L2000	0054739	)			
3.	Date of filing/registration in Florida 4.	.		Document nun	ıber			
5. (a)	UNITED STATES CORPORATION AGE	νþ	ΓS, INC.					
	Registered Agent and Registered Office shown on the records of the Flo	υг	da Dept, of State	ë.				
	5575 S. SEMORAN BLVD.			_				
	Registered Office Address (MUST BE FLORIDA STREET ADDR	<u>E</u> \$	<u>(S)</u>					
	36			_				
	ORLANDO328	32	2		آهنا		202	
	Desistered Asenta Inc	Ī		-			2023 FEB	
(b)	Registered Agents Inc	1		-			<del>्रा</del>	•
	Enter name of NEW Registered Agent and/or NEW Registered Office	<u>e s</u> i	<u>ddress</u> :				3 PH	J.3.18
	7901 4th St N					<u>.</u>		
	NEW Registered Office Address			•			1: 4	
	STE 300	╛		_		•		
	St. Petersburg337	    -	2	-				
the cha agent w was/we	imited liability company is not organized under the laws of inge or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability at the identical by an affirmative vote of the members of the gles of organization or the operating agreement of the limit	eg y li	istered office company, it is nited liability	e and the busine s hereby confirm y company or as	ss off ned th	fice of hat the	the reg	gistered e(s)
/	ure of a member or authorized representative of a member	Ŗζ	obin Jone	<del></del>				
				Printed or typed n		-		
provisi the obli to mero natified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perforgations of my position as registered agent as provided for ely reflect a change in the registered office address. I hereby in writing of this change.	orn in 'y	nance of my a Chapter 605 confirm that	duties, and I am	ı fami	iliar wi	th and	accept
ma De	David Roberts - Assistant Se	СŊ	etary					

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

Signature of Registered Agent