h22 000205488

(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:

J. HORNE

AUG 13 2022

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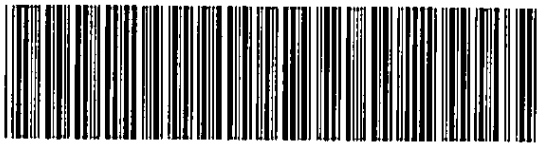

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrity Investment Solutions LLC
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:

Name of Person

Integrity Investment Solutions LLC
Firm/Company

P.O. Box 702380
Address

St. Cloud, FL 34770
City/State and Zip Code

integrityinvestmentsolutions@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Day at (754) 300-7247
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

☐ $55 Filing Fee & Certified 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. Name of the limited liability company: Integrity Investment Solutions LLC

2. (a) 7901 4th Street North
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

(b) P.O. Box 702380
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

STE 300

St. Petersburg, FL 33702

St. Cloud, FL 34770

3. 05/02/2022
Date of filing/registration in Florida

4. L22000205488
Document number

5. (a) Jim Day
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

3838 Blackberry Circle
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

St. Cloud, FL 34769

(b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address

7901 4th Street North
NEW Registered Office Address

STE 300

St. Petersburg, FL 33702

2022 JUN -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Jim Day
Printed or typed name of signee

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

Bill Havre - Assistant Secretary

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