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(Requestor's Name)						
(Address)						
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(City	/State/Zip/Phone	e #)				
PICK-UP	■ WAIT	MAIL				
(Bus	iness Entity Nar	ne)				
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ONVISION OF CORPORATIONS
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409832-040

Re: INTEGRITAS PROFESSIONAL DEVELOPMENT SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

X Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA, XCOA

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. N	Name of the limited liability company: INTEGRITAS	PROFESS	IONAL DE	VELOPMENT SER	VICES, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 12201 Bluegrass Parkway	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Louisville, KY 40299				
	12/04/2007		M070000	07017	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	/			_	
(b)	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State	e:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		-	
	1200 South Pine Island Road			_	
	Plantation , FI	L <u>33324</u>		-	SEC J4 D
	Corporation Service Company				ECRETARY SIDM OF C
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	-	5- % r
	1201 Hays Street				OF STA RPORAL PH 2:
	NEW Registered Office Address:			-	TE TIONS
				-	
	Tallahassee , FI	<u> 32301</u>		-	
he ch agent was/w he ar	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regist iability con of the limited lia	ered office npany, it is ed liability	e and the business of s hereby confirmed y company or as oth	ffice of the registe that the change(s)
_	ature of a comber or authorized representative of a member			Printed or typed name	_
provis he ob o men	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	ree to act i e performan ed for in Ch hereby con	n this cape ace of my c apter 605 afirm that i	acity. I further agreduties, and I am fam Juties, and I am fam Juties, F.S. Or, if this do The limited liability of	ee to comply with niliar with and acc cument is being fi company has beei
Signat	ure of Register Agent Corporation Service Company	BY: Syl	via Quep	pet, Asst. Vice Pre	esident

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