

M10000004555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. BRUCE

SEP 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGEN, 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:

MICHAEL LAPAT

Name of Person

LAW OFFICES OF MICHAEL LAPAT

Firm/Company

3300 UNIVERSITY DRIVE, SUITE 311

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

julieh@turnkeyhedgefunds.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JULIE HANCOCK

Name of Person

at (954)

345-6442

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: INTEGEN, LLC

2. (a) Principal office address of limited liability company: 8865 COMMODITY CIRCLE

☒ (Note: **MUST BE STREET ADDRESS**) SUITE 2
ORLANDO FL 32819

(b) Mailing address of limited liability company: 8865 COMMODITY CIRCLE

☒ (Note: **MAY BE POST OFFICE BOX**) SUITE 2
ORLANDO FL 32819

10-6-2010 3. Date of filing/registration in Florida M10000004555 4. Document number

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

Registered Agent: RAMESH VALLABHANENI

Registered Office Address: 7609 ST. STEPHENS COURT
ORLANDO FL 32835

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent: _____

NEW Registered Office Address: 8865 COMMODITY CIRCLE
(MUST BE FLORIDA STREET ADDRESS) SUITE 2
ORLANDO FL 32819

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.

Mark Bam
Signature of a member or authorized representative of a member

RAMESH VALLABHANENI, MANAGER

Printed or typed name of signer

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 608, 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.

Mark Bam
Signature of Registered Agent

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