## MI6000008039

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<del></del>				
	Office Use On	ly		

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 4, 2021

Order#: 838990-259

Re: INTEGRITY MARKETING GROUP NEVADA, LLC

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.  $\underline{XX}$  Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.

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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. 1	Name of the limited liability company:		GROUP NEVADA, LLC	
2. (a)	723 S. Casino Center Boulevard, 2nd Floor	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Las Vegas, NV 89101-6716			
	10/07/2016	M10	6000008039	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	C T Corporation System			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1200 South Pine Island Road		دم. ۲ مبتا	
	Registered Office Address (MUST BE FLORIDA STREET	TADDR <u>ESS)</u>	2727 JU?]	
	Plantation	. 33324	' చ	
	, F	L		
(b)				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address		
	Corporation Service Company			
	NEW Registered Office Address:		·	
	1201 Hays Street			
	Tallahassee	L 32301		
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited l rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the Stat e registered of iability compa of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	ill Cilmi		, Authorized Person	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
the ob	eby accept the appointment as registered agent and agent ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide refv reflect a change in the registered office address. I ed in writing of this change.	e performance ed for in Chap hereby confirm Corporation S	of my duties, and I am familiar with and accept	

Signature of Registered Agent

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

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