M20 00000 9563

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	of Status		
Special Instructions to Filing Officer:				
	<u> </u>			





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04/02/21--01024--007 **25.00

2021 APR -2 AM II: 44

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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: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: March 31, 2021

Order#: 729380-002

Re: INTEGRITY THERAPY SOLUTIONS, 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.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani

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.

QUCA.XCOA

2021 APR -2 AMII: 44

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	ame of the limited liability company: INTEGRITY Th	HERAPY SOLUTION	S, LLC	
2. (a)	602 VONDERBURG DR., STE. 201	(b) 602 VON	(b) 602 VONDERBURG DR., STE. 201	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BRANDON, FL 33511	BRANDC	DN, FL 33511	
	10/23/2020	M2000000	9563	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	GARCIA, MARIA			
.). (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		202	
	602 VONDERBURG DR., STE. 201			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		R-2	
	BRANDON, F	L_33511	2021 APR -2 AMII: ILII TALLIZZA AMII: ILIII	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office address:	_	
	NEW Registered Office Address:		_	
	1201 Hays Street		_	
	Tallahassee, F	L	_	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office an iability company, it is of the limited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	/S/ Thomas Guild	Thomas Guild,	Executive Vice President	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in this cape performance of my o ed for in Chapter 605 hereby confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
	Chaco Cokuble			
Signatu	re of Registered Agent			

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

Grace E. Kirby, Asst. Vice President