

PC2000001754

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

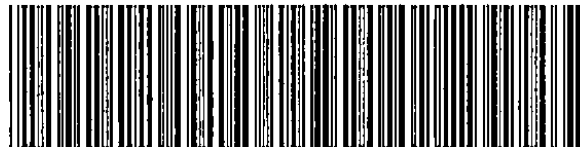
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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrity Financial Planning, Inc
Name of Corporation

DOCUMENT NUMBER: P02000001784

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian D Thelen

Name of Contact Person

Integrity Financial Planning, Inc.

Firm/Company

1256 Creek Bend Rd

Address

St Johns, FL 32259

City/State and Zip Code

bthelen75@att.net

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

For further information concerning this matter, please call:

Brian D Thelen

Name of Contact Person

at (305) 479-3370

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Integrity Financial Planning, Inc.
2. The principal office address: 7721 SW 62 Ave, Suite 201 South Miami, FL. 33143
3. The mailing address (if different): 1256 Creek Bend Rd St Johns, FL. 32259
4. Date of incorporation/qualification: 01/07/2002 Document number: P02000001784
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brian D Thelen

18432 SW 92nd CT

Miami, FL 33157

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brian D Thelen

1256 Creek Bend Rd

P.O. Box NOT acceptable

St Johns, FL 32259

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TALLAHASSEE, FL
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Brian Thelen
Signature of an officer or director

Brian D Thelen

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Brian Thelen
Signature of Registered Agent

10/19/2022

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)