

PA3000110623

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TALLAHASSEE, FLORIDA

RG 8/27/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Integrity Merchant Payment Solutions, INC.  
Name of Corporation

**DOCUMENT NUMBER:** (JD) ~~665094900000~~ P03000110623

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:

Jeff Levine  
Name of Contact Person

United Marine Payment  
Firm/Company

5353 N. Federal Highway, STE. 200  
Address

Fort Lauderdale, FL 33308  
City/State and Zip Code

chelseastore@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Levine at ( 954 ) 816-7775  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Merchant Payment Solutions, INC  
2. The principal office address: 5353 N. Federal Hwy., STE. 200  
Fort Lauderdale, FL 33308  
3. The mailing address (if different): 2170 NE 51 COURT, STE. C30  
FT. LAUDERDALE, FL 33308  
4. Date of incorporation/qualification: 10-7-03 Document number: ~~P03000110623~~ (JL)  
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) P03000110623

Jeffrey Levine  
3000 Holiday Dr. #803  
FT. LAUDERDALE, FL 33316

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

2170 NE 51 COURT, STE. C30  
FT. LAUDERDALE, FL 33308  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33308

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SECRETARY OF STATE

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.

Jeffrey Levine  
Signature of an officer or director

Jeffrey Levine  
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.

Jeffrey Levine  
Signature of Registered Agent

8-25-09  
Date

If signing on behalf of an entity:

Jeffrey Levine  
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