

PO6000126350

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Integrity Remodeling & Custom Home, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000126350

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:

Robert McLennan

Name of Contact Person

Integrity Remodeling & Custom Homes, Inc.

Firm/Company

4250 Alafaya Trail, Suite 212-262

Address

Oviedo, FL 32765

City/State and Zip Code

integrityremodeling@me.com

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

For further information concerning this matter, please call:

Sonda Moriarty

Name of Contact Person

at (407)

687-5640

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Integrity Remodeling & Custom Homes, Inc.
2. The principal office address: 4250 Alafaya Trail, Suite 212-262  
Oviedo, FL 32765
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10-2-06 Document number: P06000126350
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)

Sonda Moriarty

1809 E. Broadway St., Suite 404

Oviedo, FL 32765

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

Robert McLennan


4250 Alafaya Trail, Suite 212-262

P.O. Box NOT acceptable

Oviedo, FL 32765

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.

  
Signature of an officer or director

Sonda Moriarty, Secretary

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.*

  
Signature of Registered Agent

11/19/12  
Date

If signing on behalf of an entity:

Robert McLennan

Typed or Printed Name

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