

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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07 JUN 11 AM 9: 4: SECHETARY OF STATE ALLAHASSEE, FLORIO

A Charles

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: | Integrity Realty Services, Inc. | | | | | | |
|---|---|--------------------------|-------------------------------------|--|--|--|--|
| | (Name of Corporation) | | | | | | |
| DOCUMENT NUMBER:_ | UMBER:P07000040420 | | | | | | |
| 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: | | | | | | | |
| | | | | | | | |
| Jason N. Bashaw | | | | | | | |
| (Name of Contact Person) | | | | | | | |
| | | | | | | | |
| Integrity Realty Services, Inc. (Firm/Company) | | | | | | | |
| (Firm/Company) | | | | | | | |
| | | | | | | | |
| 4485 North CR 53 | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| | Mayo, Fl | _ 32066 and Zip Code) | | | | | |
| | ` • | . , | | | | | |
| For further information conc | erning this matter, please | call: | | | | | |
| Jason N. | Bashaw | at (386) | 623-1432 | | | | |
| (Name of Con | ntact Person) | (Area Code & Day | 623-1432 vtime Telephone Number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | | |
| Mai | ling Address: | Street Address | <u>s:</u> | | | | |
| | ling Address: endment Section | Amendment S | Section | | | | |
| | Division of Corporations P.O. Box 6327 Clifton Building | | | | | | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

| statement of chan | nge is submitted for a c | corporation organized | 07.1508, or 617.1508, Flow under the laws of the State agent, or both, in the State | e of_Florida | | |
|---|---|--|---|--|--|--|
| 1. The name of th | ne corporation: Integr | ity Realty Services | , Inc. | | | |
| 2. The principal office address: 4485 N CR 53 Mayo, FL 32066 | | | | | | |
| 3. The mailing ad | Idress (if different): Se | ame as above | | | | |
| 4. Date of incorp | oration/qualification: | March 30, 2007 | Document number; | P07000040420 | | |
| 5. The name and Florida Depart | | urrent registered agent | and registered office on fi | ile with the | | |
| | | Marvin E. Buc | hanan | TAS: 91 | | |
| · | | 3087 N CR | 53 | JUN JUN | | |
| • | | Mayo, FL 32 | 066 | TANAS O | | |
| 6. The name and (if changed): | street address of the n | ew registered agent (if | changed) and /or registere | ed office FLORIDA | | |
| | | 4485 N CF | ₹ 53 | | | |
| | (P. | O. Box NOT acceptable) Mayo, FL 3 | 2066 | | | |
| The street address as changed will | ss of its registered off be identical. | ice and the street add | ress of the business office | e of its registered agent, | | |
| Such change was authorized by the | s authorized by resolute board, or the corpor | ution duly adopted by ation has been notifie | its board of directors or ed in writing of the chang | by an officer so e. | | |
| Managinadi | re of an officer or director) | <u></u> | Marvin E. B | | | |
| I hereby accept i I further agree to of my duties, and document is bein corporation has | the appointment as re o comply with the pro d I am familiar with a ng filed merely to refl been notified in writi | gistered agent and a visions of all statutes ind accept the obligat ect a change in the re ing of this change. | gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I | y d complete performance istered agent. Or, if this hereby confirm that the | | |
| man | nature of Registered Agent) | _ | (Date) | 7,2001 | | |
| If signing on bel | half of an entity: | | | | | |
| Mar | ∕in E. Buchanan | | | | | |
| (T | vned or Printed Name) | | _ | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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