

PO9000035392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

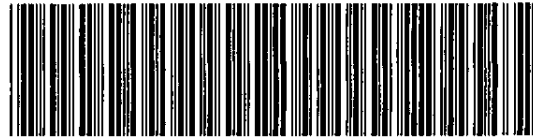
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTEGRITY REAL HOME SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: 109000035392

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:

KYLIE BROWN

Name of Contact Person

INTEGRITY REAL HOME SOLUTIONS, INC.

Firm/Company

6685 QUEENSBOROUGH AVE 56-306

Address

ORLANDO, FL 32835

City/State and Zip Code

KRB294@GMAIL.COM

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

For further information concerning this matter, please call:

KYLIE BROWN

Name of Contact Person

at (407) 924-4008

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2012

KYLIE BROWN
6685 QUEENSBOROUGH AVE 56-306
ORLANDO, FL 32835

SUBJECT: INTEGRITY REAL HOME SOLUTIONS, INC.
Ref. Number: P09000035392

We have received your document for INTEGRITY REAL HOME SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out part 6 of your form with the name and address of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 912A00007477

**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 REAL HOME SOLUTIONS, INC.
2. The principal office address: 6685 QUEENSBOROUGH AVE 56-306
ORLANDO, FL 32835
3. The mailing address (if different): —

4. Date of incorporation/qualification: 4-20-2009 Document number: P09000035392

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)

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

KYLIE BROWN
6685 QUEENSBOROUGH AVE 56-306
P.O. Box NOT acceptable
ORLANDO, FL 32835

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]
Signature of an officer or director

KYLIE BROWN - PRESIDENT
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]
Signature of Registered Agent

2-17-2012
Date

If signing on behalf of an entity:

KYLIE BROWN
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 (8/05)