## P12000003253

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Integra Commercial Realty, Inc. Name of Corporation	
DOCUMENT NUMBER: P12000003283	
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:
Ralph Carrasquillo Name of Contact Person	
	<del> </del>
Firm/Company 4020 W Nassau St	
Address	
Tampa, Florida 33607	
City/State and Zip Code	·
ralph@iqcommercial.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	lease call:
Ralph Carrasquillo	at (813 ) 293-3234 Area Code & Daytime Telephone Number
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cho	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Integra Commercial Realty, Inc.
2. The principal	office address: 1946 Fruitridge St. Brandon. Florida 33510
3. The mailing a	address (if different): 405 S Dale Mabry Hwy Suite 424 Tampa, Florida 33609
4. Date of incor	poration/qualification: 01/10/2012 Document number: P12000003283
	d street address of the current registered agent and registered office on file with the rtment of State; (If resigned, enter resigned)
	Ralph Carrasquillo
	4726 N Lois Ave. Suite C
	Tampa. Florida 33614  d street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	ري - الله الله الله الله الله الله الله ال
	Ralph Carrasquillo
	Ralph Carrasquillo  4020 W Nassau St  SCOT RESTAIL  TO  TO  TO  TO  TO  TO  TO  TO  TO  T
	P.O. Box NOT acceptable
	Tampa, Florida 33607
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	Ralph Carrasquillo, CEO
Signan	The bit an officer or director Printed or typed name and title
- I further agree - of my duties, at - document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	07/31/2020
Si	gnature of Registered Agent Date
If signing on be	chalf of an entity:
Ralph Carrasqui	llo
_	Typed or Printed Name

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