

P130000002242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300250299243

08/12/13--01009--018 **35.00

FILED
SECRETARY OF STATE
13 AUG 12 PM 12:27

R A / chg
(1a 8.15.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MORE INTEGRITY INC**

Name of Corporation

DOCUMENT NUMBER: **P13000002242**

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:

EVENS PIERRE

Name of Contact Person

MORE INTEGRITY INC

Firm/Company

6795 S US HWY 1

Address

PORT SAINT LUCIE, FL 34952

City/State and Zip Code

SERVICES@MOREINTEGRITY

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

For further information concerning this matter, please call:

EVENS PIERRE

Name of Contact Person

at **772 924-3428**

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: MORE INTEGRITY INC
2. The principal office address: 6795 S US HWY 1
PORT SAINT LUCIE, FL 34952
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/08/2013 Document number: P13000002242

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)

~~YOLINE SILENCIER~~ Integrity One Wireless
6795 S US HWY 1
PORT SAINT LUCIE, FL 34952

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

ROSEMOND PAUL
6795 S US HWY 1
P.O. Box NOT acceptable
PORT SAINT LUCIE, FL 34950

FILED
SECRETARY OF STATE
13 AUG 12 PM 12:27

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.

Yoline Silencier
Signature of an officer or director

YOLINE SILENCIER VP
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.

Paul Rosemond
Signature of Registered Agent

08/01/2013

Date

If signing on behalf of an entity:

EVENS PIERRE

Typed or Printed Name

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