P1300000024Z

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

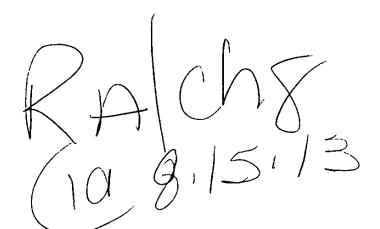




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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: MORE INTEGRITY INC

Name of Corporation

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

772 \924-3

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FORIDA ler to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: MORE INTEGRITY INC
	al office address: 6795 S US HWY 1
	AINT LUCIE, FL 34952
3. The mailing a	address (if different):
4. Date of incorp	rporation/qualification: 01/08/2013 Document number: P13000002242
5. The name and Florida Depar	and street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	YOLINE SILENCIER In Eggrity One Wireless
	6795 S US HWY 1
	PORT SAINT LUCIE, FL 34952
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office
	ROSEMOND PAUL
	6795 S US HWY 1
	P.O. Box NOT acceptable PORT SAINT LUCIE, FL 34950
as changed will	ress of its registered office and the street address of the business office of its registered agent lbe identical. vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Signatu	YOLINE SILENCIER VP Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Roud	90lomond 08/01/2013 Ignature of Registered Agent Date
If signing on be	ehalf of an entity:
EVENS PIE	ERRE
T	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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