(Requestor's Name)		
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R. WHITE DEC 12 2019

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
CHDI	INTEGRAL WIDE SERVICES, CORP.				
SODI	Name of Corporation				
	P13000098627 MENT NUMBER:				
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Garcia, Gerardo Alexis				
	Name of Contact Person				
	INTEGRAL WIDE SERVICES, CORP.				
	Firm/Company				
	14255 sw 152 ter				
Address					
MIAMI, FL 33177					
City/State and Zip Code					
integralwideservices@gmail.com					
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
Garci	Name of Contact Person Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section  Street Address: Amendment Section				
	Division of Corporations  Division of Corporations				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
	Tallahassee, FL 32314 2001 Executive Center Circle Tallahassee, FL 32301				

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of FLOF	RIDA
	the corporation: INTEGRAL WIDE SE		u.
	office address: 14255 sw 152 ter, MIA		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/01/2014	Document number: P130000986	527
	d street address of the current registered a rtment of State: (If resigned, enter resigned	-	e
	Garcia, Gerardo Alexis		
	14255 sw 152 ter Miami, FL 33177		2019.
6. The name and (if changed):	d street address of the new registered age		:  &
	PEGGI CAROLINA GONZALEZ RA	ADA	PH 6: 02
	P.O. Box NO	[acceptable	.2
	14255 sw 152 ter Miami, FL 33177	· <del>-</del>	
The street addr as changed will	ess of its registered office and the street be identical.	address of the business office of its regi	istered agent,
Such change we authorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an office tified in writing of the change.	er so
	2)	Garcia, Gerardo Alexis - PRESIDE	ENT
I hereby accept I further agree performance of	ite of an officer or director the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to refi that the corporation has been notified i	utes relative to the proper and complete accept the oblivation of my position as r	evistered
Sig	mature of Registered Agent	11/12/2019	
If signing on be	chalf of an entity:		
	Larolina González		

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

Typed or Printed Name