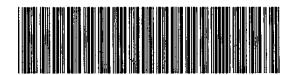
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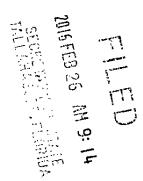
(R	equestor's Name)			
(A	ddress)			
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PICK-UP	MAIT	MAIL		
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(D	ocument Number)			
Certified Copies	Certificates	of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: INTEGRITY ONE	E SERVICES, INC.		
DOCUMENT NUMBE	P14000052417			
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
		JIM LEY		
_		Name of Contact Perso	on	
_		Firm/ Company		
		4054 SAWYER ROAI		
_		Address		
	S	SARASOTA, FLORIDA 3	4233	
_		City/ State and Zip Cod	ie	
	E-mail address: (to be u			
JIM LEY		at (266-6305 ode & Daytime Telephone Number	
Name of	Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept, of State)

•	Articles of	Amendment		
		ncorporation		
•		SERVICES, INC. ntly filed with the Florida Dept. of State of Generation (if known)		
	INTEGRITY ONE S	SERVICES, INC.		
(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)		
	P140000)52417		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new n	ame of the corporation:			
		The new		
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address.	, if applicable:	3508 N. ARMENIA AVENUE		
(Principal office address MUST BE A S		TAMPA, FLORIDA 33607		
C. Enter new mailing address, if appl		3508 N. ARMENIA AVENUE		
(Mailing address <u>MAY BE A POST</u>	UFFICE BUX)	TAMPA, FLORIDA 33607		
D. If amending the registered agent as	nd/or registered office ad	dress in Florida, enter the name of the		
new registered agent and/or the ne	w registered office addre			
Name of New Registered Agent	JIM LEY			
	4054 SAWYER ROAD			
	(Florida s	street address)		
	SARASOTA	. Florida 34233		
New Registered Office Address:				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	KOMPTHECRAS, GARY	4054 SAWYER ROAD
, Add			SARASOTA, FL 34212
X Remove			
2) Change			
Add			
Remove			
3) Change	 		
Add			•
Remove			
4) Change			
Add			**************************************
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	if necessary).	(Be specific)			
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<u> </u>					
	 				
					
					
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f	16		4:N	4:6: L	
f an amendment provi	des for an exch	ange, reclassifi	cation, or cancella	tion of issued shar	res,
provisions for impleme	enting the ame	ange, reclassifi ndment if not c	cation, or cancella ontained in the an	tion of issued shar tendment itself:	res,
f an amendment provi provisions for implem (if not applicable, i	enting the ame	ange, reclassifi ndment if not c	cation, or cancella ontained in the an	tion of issued shar endment itself:	res.
provisions for impleme	enting the ame	ange, reclassifi ndment if not c	cation, or cancella ontained in the an	tion of issued shar rendment itself:	res,
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provisions for implementation	enting the ame	ange, reclassifi	cation, or cancella	tion of issued sharendment itself:	res.

The date of each amendment(s) adoption	:	, if other than the
date this document was signed.		
01/11/2016 Effective date <u>if applicable</u> :		
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	pes not meet the applicable statutory filing requirements, to nt of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amend for approval.	ment(s)
	by the shareholders through voting groups. The following so toting group entitled to vote separately on the amendment(s	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and sharehol	der
Dated 2 17/16 Signature		
(By a director, selected, by an	president or other officer – if directors or officers have not incorporator – if in the hands of a receiver, trustee, or other incorporator by that fiduciary)	
	JIM LEY	
	(Typed or printed name of person signing)	
I	PRESIDENT	

(Title of person signing)