## P15000 98079

| (Re                                     | questor's Name)    |                        |  |  |  |  |  |
|---|--------------------|------------------------|--|--|--|--|--|
| (Address)                               |                    |                        |  |  |  |  |  |
| (Ad                                     | dress)             |                        |  |  |  |  |  |
| . (Cit                                  | ty/State/Zip/Phone | e #)                   |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL                   |  |  |  |  |  |
| (Bu                                     | siness Entity Nar  | me)                    |  |  |  |  |  |
| (Document Number)                       |                    |                        |  |  |  |  |  |
| Certified Copies                        | _ Certificates     | Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |                    |                        |  |  |  |  |  |
|   |                    |                        |  |  |  |  |  |
|   |                    |                        |  |  |  |  |  |
|   |                    |                        |  |  |  |  |  |

Office Use Only



600293873256

01/26/17--01013--014 \*\*35.00

FILED
2011 JAN 26 P 2: 16
SECRETARY OF STATE
ASECRETARY FLORIDA

UNN 27 2016 T. LEMEUX Me



CSC WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 24, 2017

Order#: 476482/005

Re: INTEGRITY ENGINEERING & DEVELOPMENT SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| statement of cha  | nge is submitted  | ctions 607.0502, 617<br>I for a corporation o<br>egistered office or re  | rganized under ti  | he law                       | s of the Sta                                | te of Florid               | da       |           |
|---|---|--|--|------------------------------|---|----------------------------|----------|-----------|
| 1. The name of t  | he corporation:   | INTEGRITY ENGIN  | IEERING & DEV  | 'ELOP                        | MENT SEF                                    | RVICES, IN                 | IC.      |           |
| 2. The principal  | office address:_  | 3615 Braselton High  | nway, Suite 201,   | Dacul                        | a, GA 300                                   | 19                         |          |           |
| 3. The mailing a  | ddress (if differe  | ent):  |  |                              |   |                            |          |           |
| 4. Date of incorp   | oration/qualific  | ation: 12/07/2015  | Docur  | nent n                       | umber: P1                                   | 500009807                  | 79       |           |
|   |   | of the current register<br>(If resigned, enter res   |  | istered                      | l office on t                               | ile with the               | ;        |           |
|   | NRAI Services   | , Inc.   |  |                              |   |                            |          |           |
|   | 1200 South Pir  | ne Island Road   |  |                              |   |                            |          |           |
|   | Plantation, FL  | 33324  |  |                              |   |                            |          |           |
| 6. The name and (if changed):   | street address o  | of the new registered  | agent (if change   | d) and                       | /or register                                | red office                 | <u></u>  |           |
|   | Corporation Se  | ervice Company   |  | · · · ·                      |   | SECO                       | 3        | Tipe      |
|   | 1201 Hays Stre  |  |  |                              |   | AST.                       | 2        | · bission |
|   | Tallahassee   | P.O. Box   | NOT acceptable   | FL                           | 32301                                       | SEE. FI                    | 0        |           |
| The street address changed will   | ess of its registe<br>be identical.                                       | red office and the st  | reet address of the  | he bus                       | iness office                                | of Baregi                  | stered a | igent,    |
| Such change was<br>authorized by th   | s authorized by<br>se board, or the                                       | resolution duly add<br>corporation has bee   | ppted by its board<br>in notified in wri                   | d of di<br>ting of           | rectors or b<br>the change                  | y an office                | π so     |           |
| Signatu   | re of A) officer or dire  | ector  | DANIE  | L L                          | WAYLOW<br>or typed name                     | Hose,                      | Pro      | s, don't  |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if the<br>hereby confirm | the appointment<br>to comply with i<br>my duties, and<br>is document is h | nt as registered agen<br>the provisions of all<br>I am familiar with a<br>being filed merely to<br>ation has been notif. | statutes relative<br>and accept the ob<br>reflect a change | to the<br>digation<br>in the | e proper and<br>on of my po<br>e registered | d complete<br>sition as re | egistere | ·d        |
| By: Sepure  | aughe   | *  | 01/2   | 4/201                        |   |                            |          | <u>.</u>  |
| If signing on be  | nature of Registered /<br>half of an entity                               |  |  |                              | Date  |                            |          |           |
| Sylvia Queppel  | ·   |  |  |                              |   |                            |          |           |
|   | yped or Printed Name  |  |  |                              |   |                            |          |           |

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