

P17 0000 39535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

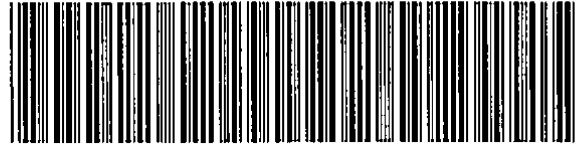
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA Change
(office)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrity Notary Services
Name of Corporation

DOCUMENT NUMBER: P17000039535

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:

Jille Bartolome

Name of Contact Person

~~Joy of Life Ventures, Inc.~~

Firm/Company

8955 U.S. HWY. 301 North #156

Address

Parrish, FL 34219

City/State and Zip Code

jilleeb@outlook.com

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

For further information concerning this matter, please call:

Jille Bartolome

at (941) 417-0690

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Integrity Notary Services
2. The principal office address: 8955 US HWY. 301 North #156, Parrish, FL 34219
3. The mailing address (if different): 6221 Horse Mill PL Palmetto, FL 34221
4. Date of incorporation/qualification: 4/28/2017 Document number: P17000039535
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)

Jille Bartolome

6221 Horse Mill PL

Palmetto, FL 34221

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

same registered agent

3639 Grande Reserve Way # 302

P.O. Box NOT acceptable

Orlando, FL 32837

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.

Jille C. Bartolome
Signature of an officer or director

Jille C. Bartolome

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.

Jille C. Bartolome
Signature of Registered Agent

4/30/2020

Date

If signing on behalf of an entity:

Jille C Bartolome

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314