## P17 0000 39535

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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05/04/20--01013--018 \*\*35.00

Bo Chande

## **COVER LETTER**

Amendment Section

TO:

SUBJECT: Integrity Notary Services	
Name of Corporation	
DOCUMENT NUMBER: P17000039535	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ling.
Please return all correspondence concerning this matter to the following:	
Jille Bartolome	
Name of Contact Person	
Involute Ventures. INC. Integrity Notary Services Firm/Company	
Firm/Company	
8955 U.S. HWY, 301 North #156	
Address	
Parrish, FL34219	
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:	ì
·	,
Jille Bartolome	•
Name of Contact Person Area Code & Daytime Telepl	ione Number
Enclosed is a \$35,00 check made payable to the Department of State.	: '
members in a social effects made payable to the frepartment in state.	- T

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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0302, 617,0302, 607 ange is submitted for a corporation organized u or to change its registered office or registered a	nder the laws of the State of Florida		
L. The name of	the corporation: Integrity Notary Services	·		
	l office address: 8955 US HWY, 301 North #156.	Parrish, FL 34219		
	address (if different): 6221 Horse Mill PL Palmet			
4. Date of incor	poration/qualification: 4/28/2017	Document number: P17000039535		
	d street address of the current registered agent a ortment of State: (If resigned, enter resigned)	nd registered office on file with the		
	Jille Bartolome			
	6221 Horse Mill PL			
	Palmetto, FL 34221			
6. The name and (if changed):	d street address of the new registered agent (if c	hanged) and /or registered office		
	same regsitered agent	: >		
	3639 Grande Reserve Way # 302	:		
	P.O. Box NOT acceptable			
	Orlando, FL 32837	1.a		
The street address changed will	ess of its registered office and the street addres the identical.	ss of the business office of its registered agent,		
/)	as authorized by resolution duly adopted by its he board, or the corporation has been notified	board of directors or by an officer so in writing of the change.		
(hlll	<u> </u>	C. Bartolome		
/ I hereby accept I further agree i of my duties, an document is bei	ire of an officer of different the appointment as registered agent and agre to comply with the provisions of all statutes re ad I am familiar with and accept the obligation ing filed merely to reflect a change in the regis s been notified in writing of this change.	Printed or typed name and title  e to act in this capacity, lative to the proper and complete performance i of my position as registered agent. Or, if this stered office address, I hereby confirm that the		
7.0100	Boundalance 4/30	/2020		
Sig	mature of Registered Agent 4/30	Date		
If signing on be	chalf of an entity:			
Jille C Bartolome	e			
17	yped or Printed Name			

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