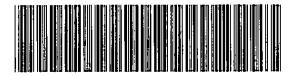
P19000077358

(Requestor's Name)			
(Address)			
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(Document Number)			
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J. HORNE			
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SECRETARY OF STORY

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	RATION: INTEGRITY SITE	DEVELOPMENT INC	
DOCUMENT NUME	BER: P19000077358		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ANGIE FINLEY		
		Name of Contact Person	ı
	ANGIE FINLEY FINANCIA	.l.	
		Firm/ Company	
	8720 SW HWY 200 #7		
		Address	
	OCALA FL 34481		
		City/ State and Zip Code	
	ANGIE@ANGIEFINLEYFII	NANCIAL.COM	
	•	sed for future annual report	notification)
	<u> </u>		
For further informatio	n concerning this matter, pleas	se call:	
ANGIE		at (368-2207
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	endment Section	Amendment Section	
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee	
· ·	ahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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2021 DEC -9 AM 10: 38
SECRETARY OF SHAPE

INTEGRITY SITE DEVELOPMENT, INC

(Name of Corporation a	is currently filed with the Flo	rida Dept. of State AHASSEE, FLORE
P19000077358		MAGGEL, FLED
(Document	Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	atutes, this Florida Profit Corp	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevia	r "Co". A professional corp	porated" or the abbreviation "Corp.," oration name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	
		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Florida unt	ur the name of the
new registered agent and/or the new registered off		i the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(Chy)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at		ablications of the position
t nereo, accept the appointment as registered agent. 1 at	т затишт жип ана иссерстве	nagations of the position.
Signatur	re of New Registered Agent, if c	-hunaina
Signatur	e sy wen regalered rigorit, if t	66

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>P1</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CFO		Camron Varney	16210 SE 47th Ave
X Add				Summerfield FL 34491
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
* ************************************		
-10		
1 <u></u>		
		_
		 .
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

	12/01/2021	
The date of each amendment(s) acd date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this blocument's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors v	without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes of ficient for approval.	east for the amendment(s)
	roved by the shareholders through voting groups each voting group entitled to vote separately on	
	for the amendment(s) was/were sufficient for ap	
by		·
	(voting group)	
December 6	, 2021	
Signature	of Boutall	
(9 .5 57 a.d.)	rector, president of other officer – it directors or	
	, by an incorporator – if in the hands of a receiv	er, trustee, or other court
appoint	ed fiduciary by that fiduciary)	
	JOHN POUTWELL	
	(Typed or printed name of person sig	ning)
	PRESIDENT	
	(Title of person signing)	