P21000095183

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S. PRATHEF

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ITION: <u>Integrit</u>	y Restruction	Services, Drc.		
	R: P210000				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspond	ondence concerning this ma	tter to the following:			
	D	ONNA HARTMA	±a/		
_	Name of Contact Person				
_	Firm/ Company				
	Address Trabuco Ca. 97679 City/ State and Zip Code				
	Trabuco, Ca. 92679				
		City/ State and Zip Code	2		
E-mail address: (to be used for future annual report notification)					
For further information (concerning this matter, pleas	se call:			
Jim	Hartman	at (<u>407</u>			
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status Certificate Certifica	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen	ng Address dment Section	Amend	Address Iment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	assec, FL 32314	2415 1	N. Monroe Street, Suite 810		

Articles of Amendment to

Articles of Incorporation of

	anon as currently meg y	on Services Dr vith the Florida Dept. of State)	7
P2100	0095183		
(Do	oo95183 cument Number of Corpor	ration (if known)	<u> </u>
ursuant to the provisions of section 607,1006, Flo s Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Profit Corporation adopts the fo	llowing amendine
. If amending name, enter the new name of th	e cornoration:		
N/A			Tr.
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "L chartered," "professional association," or the ab	"corporation," "company nc," or "Co". A profes	e," or "incorporated" or the abbi sional corporation name must	The new reviation "Corp.," contain the word
. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		N/A	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	n/A	
If amending the registered agent and/or registered agent and/or the new register Name of New Registered Agent		Florida, enter the name of the	
new registered agent and/or the new register			
new registered agent and/or the new register	red office address:		
Name of New Registered Agent	red office address:	?NS)	(Zip Code)
Name of New Registered Agent	red office address: (Florida street addre (City) Registered Agent:	?88) , Florida	

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

If amending or a (Attach additional	idding additional Art I sheets, if necessary).	icles, enter change (Be specific)	(s) here:		
	•	,			
			<u></u> .		
		N/A			
<u></u>			<u>.</u>		· · · · · · · · · · · · · · · · · · ·
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u					
If an amendmen	t provides for an exc	hange, reclassificat	tion, or cancellati	on of issued share	25,
provisions for i	mplementing the ame cable, indicate N/A)	endment if not con	tained in the ame	ndment itself:	_
(у ил арун	came, maicale 1974 j				
		N/A			
· -					
					
			.,,		·

.. ..

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	DCEO JAMES A. Hartman	3 Quail Place
Add		Coto de Caza Ca.
X _Remove		92679
2) Change	DP ERIC Ryan Moser	5680 Bridgeton Ct.
Add		Palm Harbor, FL.
Remove 3) Change	DCEO DONNA HARTMAN	34685
		8 Quail Place
Remove		Coto de Caza, Ca. 92679
4) Change	DP Jean Yedkois	-1209 Canterbury Rd.
_ X _ Add	,	cleanwater FL.
Remove		33764
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	filing date (no more than 90 days after amendment file of	
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing required Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	2022
by		-
	(voting group)	2022 ; . 1 1;
Dated U	19/2022	· · · · · · · · · · · · · · · · · · ·
<u></u>	Doma Hartman	£ 62
Signature(By a	director, president or other officer – if directors or officers h	
· •	ted, by an incorporator – if in the hands of a receiver, trustee	
арроі	inted fiduciary by that (iduciary)	
	DonNa Hartman	
	(Typed or printed name of person signing)	
	D/c.E.o	
	(Title of person signing)	