M2200007418

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE JUN - 5 2024							

Office Use Only



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2024 JUH -4 AM 9: 53

LEWELL FREEZING TWILL FORK

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 481461 8404230									
REFERENCE : 481461 8404230 AUTHORIZATION :									
COST LIMIT : \$ 25.00									
ORDER DATE : May 31, 2024									
ORDER TIME : 2:23 PM									
ORDER NO. : 481461-016									
CUSTOMER NO: 8404230									
CHANGE OF AGENT									
NAME: INTEGRATED LENDING									
TECHNOLOGIES, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Shauna Godbolt									

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

١.	Na	me of the limited liability company: INTEGRATED L	ENDIN.	ا ن —	ECHNOLO	GIES, LLC		
2	(a)	26 S Rio Grande St	((b) 26 S Rio Grande St				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	.~ <i>y</i> _	Ma	iling address of limi Note: MAY BE PO	ted liability company: ST OFFICE BOX)	
		Ste. 2072		5	Ste. 2072			
		Salt Lake City, UT 84101	-	5	Salt Lake Ci	ity, UT 84101		
		05/12/2022		M:	220000074	78		
3.		Date of filing/registration in Florida	4.		D	ocument number	•	
5.	(a)	C T CORPORATION SYSTEM						
• •	()	Registered Agent and Registered Office shown on the records of the Financial South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS			ept. of State:	:	20	
							L 112	
		PLANTATION,	33324				FILED 2024 JUN -4 AH	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O Corporation Service Company NEW Registered Office Address:			PNS:		9: 5 <u>†</u>	
		1201 Hays Street						
		Tallahassee FL	32301					
cha age wa:	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the r fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the F	egister pility co the lin	ed c omp nite	office and the bany, it is he d liability c	he business office ereby confirmed ompany or as oth	e of the registered that the change(s)	
/s/Gregory Orenstein			Gre	Gregory Orenstein				
		ure of a member or authorized representative of a member				rinted or typed name	-	
pro the to r not	visio obli nere iliga	ny accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act perform for in (creby co	t in anc Cha onfi	this capaci, we of my dut prer 605. F irm that the	ty. I further agre ies. and I am Jan S. Or, if this do limited liability	ee to comply with the niliar with and accept cument is being filed company has been	