M02000003498

| (Re | questor's Name) | | | | |
|---|-------------------|-----------------|--|--|--|
| (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | : #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



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09/26/14--01039--013 **25.00

SECRETARY OF STATE TALL AHASSEE, FLORID

0CT 0 9 2014 **T. CARTER**

LLC RAIRO Resign



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: September 24, 2014

Order#: 292227-025

Re: IMPERIAL PROPERTIES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Chelsey Martine c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

| 1. N | ame of the limited liability company: IMPERIAL PRO | PERTIE | S, LLC | |
|------------------|---|-----------------------|---|---|
| 2. (a) | | _ (b) | Mailing address of limit | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limit (Note: MAY BE PO | |
| | | | | |
| | 2100 Nursery Road | _ | 8816 Six Forks Road, Suite | 201 |
| | Clearwater, FL 33764 | | Raleigh, NC 27615 | |
| | | | | |
| 2 | 12/30/2002 | | M02000003498 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | r |
| 5. (a | | | | |
| | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of State: | |
| | | | | |
| ٠ | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRESS)</u> | ! | |
| | 155 Office Plaza Drive | | | TA TAS |
| - | Tallahassee , FL | 32301 | | LL!/ |
| | | | · · · · · · · · · · · · · · · · · · · | CRETI LAHA SEP |
| (b) | | | | FIL ARN ASS |
| | Enter name of NEW Registered Agent and/or NEW Registered (| Office add | ress: | PA CECEP |
| | 4204 Univ. Ohio A | | | FL0 FL0 |
| | 1201 Hays Street NEW Registered Office Address: | | ···, | :: 5 ≥= |
| | Negation Office Address. | | | DA DA |
| | | | | |
| | Tallahassee ,FL | 32301 | | |
| If the | limited liability company is not organized under the law | | | onfirmed that after |
| the ch | ange or changes are made, the Florida street address of t | the regist | tered office and the business o | office of the registered |
| agent was/w | will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of | bility co the limi | mpany, it is hereby confirmed ted liability company or as off | that the change(s) herwise provided in |
| the art | icles of organization or the operating agreement of the l | imited li | ability company. | no wide provided in |
| | | | | 10 e.s. Authorized Perso |
| | iture of a member or authorized representative of a member | | Printed or typed name | - |
| I here provis | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete <u>p</u> | e to act performa | in this capacity. I further agre ince of my duties, and I am fan | ee to comply with the niliar with and accept |
| the ob to mer | ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hi | for in C ereby co | hapter 605, F.S. Or, if this do nfirm that the limited liability | ocument is being filed company has been |
| notifie | d in writing of this change. | * | - | • • |
| Signati | Million II. | BY Sv | lvia Queppet, Assistant Vic | e President |
| J | - or poration service company | uy | Kachber' transmit Afo | 1031d0Ht |