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## **COVER LETTER**

Mile OEC 21 PH 4: 16 TO: Amendment Section Division of Corporations IMAGINARY MIND PRODUCTIONS CO. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMName of Contact Person IMAGINARY MIND PRODUCTIONS CO. Firm/ Company 4532 W KENNEDY BLVD, #169 Address **TAMPA, FL 33609** City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 567-1444

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy 20N FILE enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallafræsee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

	Articles of A	mendment	
	to	.•	<b>ن</b> الح
	Articles of Inc	orporation	98 O
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MAGINARY MIND PRODUCTIONS C	0.		16 C
(Name of	Corporation as currently	filed with the Florida Dept.	of State)
11000104839			SAC.
	(Document Number of	Corporation (if known)	25%
arsuant to the provisions of section 607.19 Articles of Incorporation:		F <i>lorida Profit Corporation</i> ado	pts the following amendment
If amending name, enter the new nar	ne of the corporation:		
INVERGENCE, INC  ame must be distinguishable and conta		" " " " "	The new
Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati  Enter new principal office address, if	on," or the abbreviation " applicable:		on name must contain the
Principal office address <u>MUST BE A ST</u>	REET ADDRESS )		
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. Enter new mailing address, if applic (Mailing address MAY BE A POST O			
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If amending the registered agent and	or registered office addr	ess in Florida, enter the name	of the
new registered agent and/or the new			
Name of New Registered Agent			
Hane of Hew negistered Agent			
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	(Florida str	eet address)	
New Registered Office Address:			Elorida
THE MEXIMETER Office Address.		(City)	(Zip Code)
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ew Registered Agent's Signature, if ch	anging Registered Agents		
ew Registered Agent's Signature, it chi hereby accept the appointment as registed			of the position.
co. docup appointment as register	. o. agom - am jaminar r	accept the confunction	., paaman
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	Signature of New P	egistered Agent, if changing	
	Signature of Ivew K	ьдыцегой гудени, и снинунку	

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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change			
Remove			
2) Change	_		
Add Remove			
3 ) Change	<del></del>		
Add Remove			
4) Change			
Add Remove			
5) Change		<del></del>	
Add			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate NIA)	Attach additional sheets, if necessar	water that the water
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	JANUARY 1, 2019	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date because of State's records.	ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
DatedDECI	EMBER 21, 2018	
Signature	9	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other coun inted fiduciary by that fiduciary)	
	ARIS MACINNES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>

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