

Division of Corporations  
**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000233218 3)))



H240002332183ABCZ

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC  
 Account Number : 120120000007  
 Phone : (702)866-2500  
 Fax Number : (702)900-2290

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: managedreports@incorp.com

2024 JUL 11 PM12:41  
 FILED  
 TALLAHASSEE, FLORIDA  
 DIVISION OF STATE

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 IMA WEALTH, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

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**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** IMA Wealth, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F06000004258

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Ragland

\_\_\_\_\_  
Name of Contact Person

InCorp Services, Inc.

\_\_\_\_\_  
Firm/Company

9107 West Russell Road, Suite 100

\_\_\_\_\_  
Address

Las Vegas, NV 89148

\_\_\_\_\_  
City/State and Zip Code

Managedreports@incorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Ragland

at ( 702 )

866-2500

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F06000004258

(Document number of corporation (if known))

1. IMA Wealth, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Kansas  
(Incorporated under laws of)
3. 06/19/2006  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 03/27/2024
5. IMA Advisory Services, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)


8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

✓ 

\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Eric Pauly

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

FILING FEE \$35.00

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TALLAHASSEE, FLORIDA

STATE OF KANSAS  
OFFICE OF SECRETARY OF STATE  
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 2887453

Business Name: IMA Advisory Services, Inc.

Type: Domestic For-Profit Corporation

Jurisdiction: Kansas

was filed in this office on June 23, 2000, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:  
I affix my official certification seal.  
Done at the City of Topeka,  
on this day June 14, 2024.

SCOTT SCHWAB  
KANSAS SECRETARY OF STATE

(H24000233218 3)



**BEA**

**KANSAS SECRETARY OF STATE  
Business Entity Certificate  
of Amendment**



Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 https://sos.ks.gov

**1. Business entity ID/file number:**

Not Federal Employer ID Number (FEIN).

2887453

**2. Name of business entity:**

Must match name on record with Secretary of State.

IMA Wealth, Inc.

**3a. Indicate the type of document to be amended:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35)    | <input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35)              |
| <input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20)           | <input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| <input type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35) | <input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit, \$20 not-for-profit)  |
| <input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35)                    |  |

**3b. The document indicated above is amended as follows:**  
(If additional space is needed please provide an attachment.)

The name is changed to IMA Advisory Services, Inc.

**4. For general partnerships only — Identify the statement to be amended and indicate the amendment to be made:**

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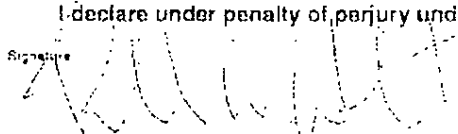
|                    |   |  |       |     |      |
|--------------------|---|--|-------|-----|------|
| 5. Effective date: | <input type="checkbox"/> Upon filing with the Kansas Secretary of State | <input checked="" type="checkbox"/> Future effective date:<br>(Cannot be later than 90 days after the date this certificate is filed.) | Month | Day | Year |
|                    |   |  | 3     | 15  | 2024 |

6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:  
(See below for required signature(s).\*)

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature



Name of Signer (Printed or Typed)

Richard Holt, President

\*Kansas entities: Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.

\*Foreign covered entities: Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

For Kansas limited partnerships only:  
(See below for required signature(s).)\*\*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (if amendment adds a new general partner)

Name of Signer (Printed or Typed)

\*\*Kansas limited partnerships: Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.

Certified Date: 05/17/2024  
Certificate Number: 20240617-24000233218 3

(#24000233218 3)