## F12-000000921

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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: IMPARTA, INC.

Name of Corporation

DOCUMENT NUMBER:

F12000000921

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Pearce

Name of Contact Person

Pearce & Company, PC, CPAs

Firm/Company

919 Congress Avenue, Ste 900

Address

Austin, Texas, 78701

City/State and Zip Code

JPearce@pearceattycpa.com

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

For further information concerning this matter, please call:

John Pearce

,512 \441-1

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this	
· ·	-	on organized under the laws of the State of Delaware	
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: IMPARTA, I	INC.	
2. The principal	office address: 14-16 Petert	oorough Road, London, United Kingdom, SW6 3	BN
3. The mailing	address (if different): Plaza 70	000, North Mopac Expressway, 2nd Floor,	
Austin,	Texas, 78731, USA		
4. Date of incor	poration/qualification: Februa	ry 29, 2012 Document number: F1200000921	
	d street address of the current regurtment of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)	
	VANCE, CAROL A, Es	sq	
	411 55TH AVE		
	ST PETE BEACH, FL	33706	
6. The name an (if changed):		tered agent (if changed) and /or registered office	
	Barbara Leslie		
	5230 Miller Bayou Driv	ve, Port Richey, Florida, 34668	
	P.C	D. Box NOT acceptable	
	· · · · · · · · · · · · · · · · · · ·		
The street addr as changed will	ress of its registered office and the identical.	he street address of the business office of its registered agent	
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer see been notified in writing of the change.	
<u>Mes</u>	stull	Mark Abell - Director	C
	t the appointment as recistored	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	the apply with the provisions of f my duties, and I am familiar w his document is being filed mere a that the corporation has been r	igen and agree to det in his capacity, fall statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I notified in writing of this change.	
165L	eohe	3-7-16	
•	gnature of Registered Agent  chalf of an entity:	Date	
2.5	viente ve mit verrevy i		
	Typed or Printed Name	_	

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)