F15000005271

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

Office Use Only



800396759498



2022 NOV -3 PM 3: 57

RECEIVED

A. BUTLER NOV - 4 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/03/2022	
Name:	01: -: - 37: -1	
Reference	#:1816918	
Entity Nam	e:IMT F	IOLDINGS CORP.
	eles of Incorporation/Authoriza	
Ame	endment	
✓ Cha	nge of Agent	
☐ Rein	statement	
Con	version	
☐ Mer	ger	
☐ Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	Amount \$35.00	

F: •852.2682.9790

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

		n organized under the laws of the Sta r registered agent, or both, in the Sta			
1. The name of the corporation: IMT HOLDINGS CORP.					
	102 W. 3rd Street, S	Ste A05			
3. The mailing address (if different):					
4. Date of incorp	poration/qualification; Novemb	er 30, 2015 Document number:	F15000005271		
	I street address of the current regitment of State: (If resigned, enter	stered agent and registered office on resigned)	file with the		
	Rober	rts, Gregory			
	4609 A	Ackerly Way	2027		
		n, FL 33511	2022 NOV -		
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registe	\sim ω		
	115 North Calhour	St., Suite 4 Box NOT acceptable			
	Tallahassee, FL	·			
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business offic	e of its registered agen		
Such change wa authorized by th	s authorized by resolution duly a te board, or the corporation has b	adopted by its board of directors or locen notified in writing of the chang	by an officer so c.		
/s/ Todd Rich		Todd Richardson	Secretary		
I hereby accept I further agree to performance of	to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacit all statutes relative to the proper an h and accept the obligation of my po to reflect a change in the registered officed in writing of this change.	y. d complete osition as registered		
/s/ Sean Hor	nan	10/31/2022			
	nature of Registered Agent	Date			
if signing on be	half of an entity:				

Sean Honan, Assistant Secretary

Typed or Printed Name

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