

F18000000097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

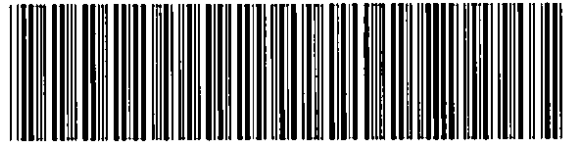
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/21/18--01006--022 \*\*310.00

FILED

2018 JUN 21 A 11: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUN 21 PM 1: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMMON

JUN 22 2018

for 2c

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

**(850) 656-4724**

DATE 6/21/2018

**\*\*WALK IN\*\***

ENTITY NAME IMMERVIEW HOLDINGS, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 35.00

CHECK # 4959

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ImmersaView Holdings, Inc.

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

**DOCUMENT NUMBER:** F18000000097

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C. Dudley

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

Landerholm, P.S.

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

PO Box 1086

\_\_\_\_\_  
Address

Vancouver, WA 98666

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

william.dudley@landerholm.com

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

For further information concerning this matter, please call:

William C. Dudley

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

at ( 360 ) 696-3312

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

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**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

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

## SECTION I

(Document number of corporation (if known))

- (Name of corporation as it appears on the records of the Department of State)

## SECTION II

- its jurisdiction of incorporation? June 20, 2018

(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)

- (New duration)**

- (New jurisdiction)

- 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)

(Title of person signing)