

F2000000000043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

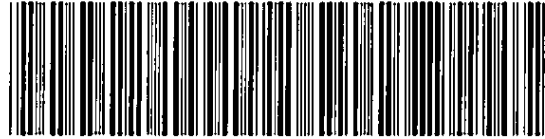
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
OFFICE
TALLAHASSEE, FL

15 AM 10:34

SECRET
TALLAHASSEE, FL 32301

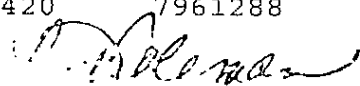
2021 JUL 16 PM 4:10

JUL 16 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 909420 7961288

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : July 16, 2021

ORDER TIME : 3:01 PM

ORDER NO. : 909420-010

CUSTOMER NO: 7961288

CHANGE OF AGENT

NAME: IMMOVIER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2021

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: IMMOVIER, INC.
Ref. Number: F20000000043

We have received your document for IMMOVIER, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current registered agent list is not the current registered agent listed on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 121A00016532

RECEIVED
2021 JUL 27 PM 12:03
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Immoviewer Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Jennifer Popper

Name of Contact Person

Immoviewer Inc.

Firm/Company

One Boston Place, Suite 2600

Address

Boston, MA 02108

City/State and Zip Code

jen.popper@hullspeedassociates.com

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

For further information concerning this matter, please call:

Jennifer Popper

Name of Contact Person

at (617) 997-2002

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Immoviewer, Inc.
2. The principal office address: One Boston Place, Suite 2600
Boston, MA 02108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/21/2016 Document number: 6159565
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Damaris Arvelo

3900 South Florida Avenue

Lakeland

FL 33813

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jennifer Popper

Signature of an officer or director

Jennifer Popper

Printed or typed name and title

Assist. Secretary

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Eylina Otero

Assistant Secretary

Signature of Registered Agent

07/27/2021

Date

If signing on behalf of an entity:

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 (04/13)