

628643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

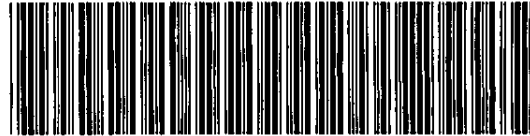
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

Handwritten signature

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMDC, Inc.

Name of Corporation

DOCUMENT NUMBER: G28643

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:

Gregory Mundy

Name of Contact Person

IMDC, Inc.

Firm/Company

465 Maitland Avenue

Address

Altamonte Springs, FL 32701

City/State and Zip Code

gsmundy@imdc-inc.com

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

For further information concerning this matter, please call:

Gregory Mundy

Name of Contact Person

at **504 481-2185**

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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IMDC, Inc.
2. The principal office address: 465 Maitland Avenue, Altamonte Springs, FL 32701
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: March 23, 1983 Document number: G28643
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)

Resigned

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

Ramon Alejandro Regalado

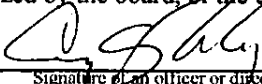
465 Maitland Avenue

P.O. Box NOT acceptable

Altamonte Springs, FL 32701

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.

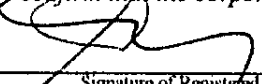


Signature of an officer or director

Gregory Mundy, President

Printed or typed name and title

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.



Signature of Registered Agent

12/22/2014

Date

If signing on behalf of an entity:

Ramon Alejandro Regalado, PE

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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