

LO4000091245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

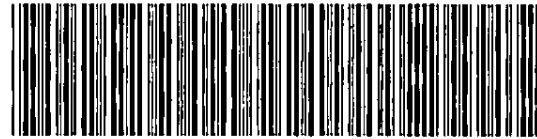
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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LED
STATE
OPERATIONS
20 FEB -5 PM 3:36

20 FEB -5 11:01

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FEB 06 2020

D CUSHING



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/05/2020

Name: Jennifer Bialowas

Reference #: 1183286

Entity Name: IMV FAMILY COMPANY , LLC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

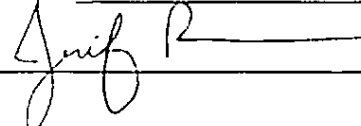
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

20 FEB -5 PM 3:35
STATE
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

Authorized Amount: 25.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMV FAMILY COMPANY, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

xrgym@bellsouth.net

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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STATE
DIVISION OF CORPORATIONS
20 FEB -5 PM 3:36

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: IMV FAMILY COMPANY, LLC

2. (a) <u>Principal office address of limited liability company.</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>5000 SW 80TH STREET</u> <u>MIAMI, FL 33143</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>5000 SW 80TH STREET</u> <u>MIAMI, FL 33143</u>
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3. <u>12/16/2004</u> Date of filing/registration in Florida	4. <u>L04000091245</u> Document number
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5. (a) BSPA CORPORATE SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
350 EAST LAS OLAS BOULEVARD, SUITE 1000
FORT LAUDERDALE, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
COGENCY GLOBAL INC.
NEW Registered Office Address:
115 NORTH CALHOUN ST STE 4
TALLAHASSEE, FL 32301

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SECRETARY OF STATE
20 FEB - 5 PM 3:36

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>Iván Malave Vidal</u> Signature of a member or authorized representative of a member	<u>IVÁN Malave Vidal</u> Printed or typed name of signer
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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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jeff Biah Ass stand Secretary
Signature of Registered Agent