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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SAGRATAN OF STATE
FALLAHASSEE, FLORIDA

AUG 2 5 2018 S. YOUNG



CSC - WILMINGTON ; 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: August 17, 2018

Order#: 342712/016

Re: US IMAGINA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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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. Na	ame of the limited liability company: US IMAGINA, L	LC	·	<u> </u>	
2. (a)	7291 NW 74 STREET	(b)	7291 NV	W 74 STREET	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FL 33166		MIAMI, FI	L 33166	
	09/24/2007		L07000091	7221	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	NRAI SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of t	the Florida	Dept of State:	:	
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)			
				—i, <u>—</u> ∞	
	Plantation . FL	33324		<u>, </u>	
(b)	Corporation Service Company			FILE AUG 21 AHASSEE,	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	PR 12.5.	
	1201 Hays Street			: 50 RIDA	
	NEW Registered Office Address			>, ○	
-					
	Tallahassee .FL	32301			
he chaingent was/we he artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor f the limi limited li	ered office and appropriate the property of th	and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signati	ure of almember or authorized representative of a member	Jill C		zed Person Printed or typed name of signee	
I hereb provision he obli o mere notified	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I have iting of this change. The control of this change is the company of the company of the company of the company is a company of the company of		n this capac ace of my di apter 605, afirm that th		